

**SECTION A** 

## WEST LIBERTY UNIVERSITY TRANSFER CLEARANCE FORM



NON-ACADEMIC REPORT FORM FOR STUDENTS WISHING TO TRANSFER TO WEST LIBERTY UNIVERSITY. COMPLETION OF THIS FORM IS NECESSARY IN ORDER TO REGISTER FOR CLASSES. THIS FORM MUST BE SUBMITTED AFTER ENROLLMENT IS COMPLETED AT YOUR PREVIOUS INSTITUTION.

TRANSFER APPLICANT: PLEASE COMPLETE SECTION A AND FORWARD THIS FORM TO THE DEAN OF STUDENTS AT THE LAST COLLEGE OR UNIVERSITY WHICH YOU ATTENDED.

TO BE COMPLETED BY THE STUDENT

Name (Print)		Soc. 9	Sec. No
(Last)	(First)	(M.I.)	
I authorize		which I attended from _	to
(College	e or University)		
to provide the information requested	in SECTION B below.		
When SECTION B has been comple	eted, I request that this form be s	ent to the Transfer Coordina	tor at West Liberty University.
		(Student's Sign	nature)
		(Date)	
	TO BE COMPLETED BY TH		
	PLEASE RETURN THE COM		RANSFER COORDINATOR WEST LIBERTY UNIVERSITY
		1	101 CAMPUS SERVICE CENTER
			P.O. BOX 295 NEST LIBERTY, WV 26074-0295
<ol> <li>According to your records, has the above student been suspended or expelled for non-academic reasons?</li> </ol>			
No Yes	Date of suspens	ion or expulsion	
2. If "yes," when is the student eligi	bie to return to your institution?		
School official completing this form:			
Name		Signature	
Title		Date	
Telephone Number			
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