



# 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.**

**SECTION A**

*TO BE COMPLETED BY THE STUDENT*

Name (Print) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 (Last) (First) (M.I.)

I authorize \_\_\_\_\_ which I attended from \_\_\_\_\_ to \_\_\_\_\_  
 (College or University)

to provide the information requested in SECTION B below.

When SECTION B has been completed, I request that this form be sent to the Transfer Coordinator at West Liberty University.

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date)

**SECTION B**

*TO BE COMPLETED BY THE OFFICE OF THE DEAN OF STUDENTS*  
 PLEASE RETURN THE COMPLETED FORM TO: **TRANSFER COORDINATOR  
 WEST LIBERTY UNIVERSITY  
 208 UNIVERSITY DRIVE  
 COLLEGE UNION BOX 101  
 WEST LIBERTY, WV 26074**

1. According to your records, has the above student been suspended or expelled for non-academic reasons?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ Date of suspension or expulsion \_\_\_\_\_

2. If "yes," when is the student eligible to return to your institution? \_\_\_\_\_

School official completing this form:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_