

## **OFFICE OF ADMISSIONS** VERIFICATION OF TRANSFER STUDENT CONDUCT STANDING

In order to ensure your safety and that of our campus community, Walsh University requires applicants who have attended another college or university to submit verification of their previous conduct record. This form is to be completed by the Dean of Students or appropriate student conduct administrator at each higher education institution attended. Please submit a separate Verification of Conduct Standing form for each institution.

## PART I – APPLICANT INFORMATION (To be completed by the student)

LE	GAL NAME			
	First	Middle	Last	
AD	DRESS			
	Street Address		P.O. Box/Apt#	
	City	State	Zip code	
Co	LLEGE/UNIVERSITY ATTENDED			
	Institution Name	City/State	Dates attended	
WA	AIVER STATEMENT			
I un	ereby waive my right of access to this anderstand that this can be reversed at thor.			
	[ ] YES, I hereby waive my rights [ ] NO, I do not waive my rights.	to read or access the information cont	ained on this form.	
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Privauti	signing this form, I authorize the relect wacy Act (FERPA) so that my admission horize Walsh University to contact the formation submitted.	ons application may be considered	by Walsh University. In addition, I	
	Applicant's Signature		Date of Signature	<del></del>
PA	ART II – STUDENT AFFAI	RS/STUDENT CONDUCT	T REPORT	
(То	be completed by the Dean of Students or a	appropriate Student Conduct Administ	rator)	
1.	Has the student been involved in any If yes, please provide a complete list that includes the date of incident, cha	ing on the back of this document o	r in an attached document	] No
2.	Is the student currently in good stand	ling behaviorally with your institut	ion? [ ] Yes [	] No
3.	Is the student eligible for immediate If no, please explain:	re-enrollment at your institution?	[ ] Yes [	] No
	School Official's Signature		Date of Signature	
	School Official's Name		School Official's Title	
	College or University Name	Telephone	Email	