MORRIS COLLEGE

Office of Admissions and Records 100 West College Street Sumter SC 29150

Telephone: 803-934-3225 Fax: 803-773-8241

www.morris.edu



CONFIDENTIAL FORM

Request of Transfer Student Applicant for academic Transcript and Status Statement

PART I (TO BE COMPLETED BY THE STUDENT)		TUDENT)	Date:	
		Social Se	Social Security Number:	
Name o	f Student (please print):		·	
	(Last)	(First)	(MI)	
Home A	Address:			
	(comple	te street address or box number)		
	(city)	(state)	(zip)	
	I attended (name of college):			
	Dates of Attendance:	to		
	I hereby authorize release to the Office of academic transcript and of such additional this date.			
	Signature of Student:			
w	AIL THIS FORM TO THE REGISTRAR OR CHIEF	Dreadag Appleed ha mile incalmitatel	A MILER VAII DEPUIALISI V EMMENDED	
1/1.			IUM PREVIOUSEI AIIENDED.	
PART :	II (TO BE COMPLETED BY DEAN OF	STUDENT AFFAIRS)		
1)	To your knowledge, was the student ever convicted of a criminal offense?Yes NoN/A If yes, please explain			
2)	If yes, please explain			
	Does the student relate well to others?			
Signatu	re of Dean of Student Affairs:			
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	III (TO BE COMPLETED BY REGISTR		CIER OF THE PREVIOUS	
	TUTION AND TO BE RETURNED TO N	MORRIS COLLEGE)		
1)	The student named above: a) Is presently enrolled at this in	estitution		
	b) Was formerly enrolled at this			
2)	The student named above:			
	a) Is eligible to enroll at this ins	titution during the next regular seme	ster or quarter.	
	b) Is not eligible to enroll at this			
3)	If the answer to question #2 is "b", indicate		ineligibility to enroll.	
		iroll because of academic reasons.		
4)	b) The student is ineligible to er If the answer to question #3 is "b", describ	roll because of student disciplinary		
4)	if the answer to question #3 is b, describ	e orieny the nature of the student dis	scipiniary violations.	
Signatu	re of Registrar or Chief Records Officer:			
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vaine 0	f Institution:	Date:		