

Albright College

Transfer Questionnaire

Applicant Information

Please complete the Applicant Information below and give this form to the Dean of Students or Registrar at your current or most recent college or university.

Name _____ Social Security # _____
(last name) (first name) (middle name) (Jr., etc.)

Home address _____
(number & street)

(city) (state) (zip)

Permanent home phone (_____) _____ Phone at mailing address (_____) _____
(area code) (area code)

College or University Information

To be completed by the Dean of Students or Registrar at the student's current or most recent college or university.

1. Is the student in good academic and social standing at your institution? Yes No
If no, please use the back of this form for additional comments.
2. Has the student been subject to disciplinary action while enrolled at your school? Yes No
If yes, please use the back of this form for additional comments.
3. Is there anything else you would like to add about the candidate? Yes No
If yes, please use the back of this form for additional comments. If you prefer to offer your comments over the phone, please check here
4. Resources used: Records Personal contact

Name _____ Title _____

Signature _____ Phone (_____) _____

Date _____ College or University _____

Address _____
(number & street)

(city) (state) (zip)

Return to: Albright College, Admission Office, 13th & Bern Streets, P.O. Box 15234, Reading, PA 19612-5234

Additional Comments

The space below may be used to provide additional information.