



**OFFICE OF UNDERGRADUATE ADMISSIONS**  
ADMINISTRATION BUILDING

600 FORBES AVENUE  
PITTSBURGH, PA 15282  
TEL: 412.396.6220  
TOLL FREE: 1.800.456.0590  
FAX: 412.396.5644  
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## TRANSFER FORM

The completion of this form is necessary for transfer applicants to Duquesne University. Please fill in your name, address and dates of attendance on this form, submit it to the Office of the Dean of Students at each college or university in which you were enrolled, and have it forwarded to:

Duquesne University  
Office of Admissions  
600 Forbes Avenue  
Pittsburgh, PA 15282

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Permanent Address \_\_\_\_\_

Address While in School \_\_\_\_\_

Institution \_\_\_\_\_ Date(s) of Attendance \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of students' educational records. In an effort to expedite my transfer, I, \_\_\_\_\_, authorize the Dean of Students Office to release all information as it pertains to my conduct and code of behavior.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Dean of Students:**

The above student has applied for transfer admission to Duquesne University. Will you, or a member of your staff who has access to the student's records, please complete this form and return it to the address above. Your assistance is greatly appreciated.

1. Has this student been dismissed from your institution? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has this student been subject to any non-academic related disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this student eligible to return to your institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to (1) or (2) above is yes or the answer to (3) above is no, please explain on the reverse side of this form.

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_