



OFFICE OF UNDERGRADUATE ADMISSIONS
ADMINISTRATION BUILDING

600 FORBES AVENUE
PITTSBURGH, PA 15282
TEL: 412.396.6222
TOLL FREE: 1.800.456.0590
FAX: 412.396.5644
www.duq.edu

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 and list the date(s) of any related incidents.

Name _____ Title _____

Institution _____

Signature _____ Date _____