



# Bethany Center for Enrollment

BETHANY COLLEGE • CENTER FOR ENROLLMENT #4 • BETHANY, WV 26032  
enrollment@bethanywv.edu • www.bethanywv.edu  
(304) 829-7611 • FAX: (304) 829-7142

### To the Transfer Student:

The completion of this form is necessary for transfer application to Bethany College. Please fill in your name, address and dates of attendance on this form. Submit the form to the Dean of Student's Office at the last college or university in which you were enrolled and have it forwarded to the **Center for Enrollment #4, Bethany College, Bethany, WV 26032.**

Student's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Address other than home: \_\_\_\_\_

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

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### To the Dean of Student's Office:

The student has applied for transfer to Bethany College. Please complete this form and return it to: **Center for Enrollment #4, Bethany College, Bethany, WV 26032.** 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 disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this student eligible to return to your institution? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Date student was enrolled: \_\_\_\_\_ to \_\_\_\_\_

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

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Official title: \_\_\_\_\_

Institution: \_\_\_\_\_

STATEMENT OF GOOD STANDING