



## ADMISSION WITH ADVANCED STANDING

### PART I - TO BE COMPLETED BY TRANSFER APPLICANT (PLEASE TYPE OR PRINT).

Name \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_  
Street City State ZIP Code

I authorize the Registrar or Dean of Students at \_\_\_\_\_  
(college currently attending or last college attended if not currently in attendance)

to furnish the information required in Part II (below) to the Admissions Office at Roanoke College for use in conjunction with my application for admission. I understand that an official academic transcript should be requested separately. I request that this information be kept confidential and waive my rights to examine this document.

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

### PART II - TO BE COMPLETED BY THE REGISTRAR OR DEAN OF STUDENTS OF THE LAST COLLEGE THE APPLICANT ATTENDED OR IS CURRENTLY ATTENDING.

Dates of attendance of applicant: \_\_\_\_\_

Is the student currently in good standing with your institution?  Yes  No

If no, why? \_\_\_\_\_

Is the student eligible to return to your institution?  Yes  No

If no, term eligible to seek readmission. Semester \_\_\_\_\_ Year \_\_\_\_\_

Has the student received disciplinary action?  Yes  No  Unknown

If yes, please explain. \_\_\_\_\_

Reason for transfer, if known. \_\_\_\_\_

Additional comments: \_\_\_\_\_

Check here if it would be advisable to call for further information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ College \_\_\_\_\_

All information is confidential and will be treated accordingly. Please return completed form to:  
Roanoke College, Admissions Office 221 College Lane Salem, Virginia 24153-3794  
or fax to 540-375-2267