To be completed by the Dean of Students:
The above named student has applied for transfer to the University of Pittsburgh at Greensburg. 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 University of Pittsburgh at Greensburg Office of Admissions. We would prefer a fax to 724-836-7471. If you prefer to mail this form, please use the address above.

Sincerely,
Heather Kabala, Director of Admissions

Has this student ever been dismissed from your institution? Yes _______ No _______
Has this student been subject to any non-academic related disciplinary action? Yes _______ No _______
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) is no, please explain below. Use the reverse side of this form if more space is needed.

________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Name: ___________________________________________ Title: ___________________________________________
College/university: __________________________________________________________________________________________________________
Signature: ___________________________________________ Date: __________________________