



# TRANSFER REGISTRAR REPORT

PLEASE SEND COMPLETED FORM TO:

Mail Trinity University, Office of Admissions  
One Trinity Place, San Antonio, Texas 78212

Fax 210-999-8164 Email admissions@trinity.edu

## STUDENT INFORMATION

<b>NAME</b> First	Last
Transfer Entry Term to Trinity	Current College/University Attending

## REGISTRAR INFORMATION

<b>NAME</b>	Title
Email	Institution
Department	Academics

## CLASS RANKING

Cumulative GPA	GPA Scale	GPA Period
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## EVALUATION

Is this applicant in good standing?  Yes  No

Is this applicant eligible to return to your institution?  Yes  No

If you answered "No" to either or both questions, please attach a document with details.

Has the applicant ever been found responsible for a disciplinary violation at your school?  Yes  No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime?  Yes  No

If "Yes" to either or both questions, please attach a document giving the approximate date of each incident and explain the circumstances.

## RECOMMENDATION

I recommend this student  Enthusiastically  Strongly  Fairly Strongly  With Reservation  No Basis

Signature Date