Admission



## **Reference for Transfer Students**

2500 E. Nutwood Ave. Fullerton, CA 92831 USA (714) 879-3901 x2235 FAX (714) 681-7423

Email: pccadmissions@hiu.edu

Transfer students must be in good standing at all colleges previously attended. Good standing includes areas such as academics, discipline and finances. Previous collegiate academic or disciplinary probation or outstanding bills from other colleges may affect admission to the university.

Please provide a copy of this form to the last college you attended. Complete the section entitled "to be completed by Applicant," print your name at the top of the reference section, and send the form to the Dean of Students (or person of comparable position) of your previous college for completion. This form is required for all transfer applicants who desire enrollment at Hope International University.

## To be Completed by Applicant

I authorize the release of the following information to be considered in my application for admission to Hope International University. I further authorize the release of any information provided by a subsequent phone call, if necessary, to clarify information. I understand the information will be held in confidence by Hope International University and will not be released to me or to anyone else. I understand the person completing the information on the form will mail this questionnaire directly to Hope International University.

Name	Social Security Number	
Address		
City	State	Zip
Dates of Attendance:		
Signature:		

Reverse side to be completed by the Dean of Students.

## Student's Name:\_ The student named on this form has applied for admission to our university. Any information you provide will be held in the strictest confidence and will not be made available to the applicant. Please answer all questions to the best of your knowledge. Thank you. 1. Was the applicant placed under formal disciplinary restrictions while a student at your institution? $\Box$ Yes $\Box$ No If yes, please explain. 2. Does the applicant present any significant risk to self or other individuals on campus, or to campus property? ☐ Yes ☐ No If yes, please explain. 3. Is the applicant welcome to return to your institution with no restrictions? $\square$ Yes $\square$ No If no, please explain. 4. Would you be willing to discuss your answers by phone if necessary? $\square$ Yes $\square$ No (Name of person completing form) Please Print Institution Title Date Phone Signature

Please mail completed form to: Hope International University

To Be Completed by the Dean of Students or person in comparable position

Undergraduate Admissions Office

2500 E. Nutwood Ave. Fullerton, CA 92831