

**CLAFLIN UNIVERSITY  
OFFICE OF ADMISSIONS  
400 MAGNOLIA STREET  
ORANGEBURG, SOUTH CAROLINA 29115**

**CONFIDENTIAL STATEMENT**

The student whose name appears below is requesting a transfer from your institution to enroll at Claflin University. Please complete this CONFIDENTIAL STATEMENT and return to the Office of Admissions at the address listed above.

**Part I** (TO BE COMPLETED BY THE STUDENT) Social Security No. \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

I attended (name of college) \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize release to the Office of Admissions at Claflin University an official copy of my academic transcript and additional information indicated below regarding my standing at your institution as of this date.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**PART II** (TO BE COMPLETED BY THE PERSONNEL IN THE OFFICE OF STUDENT AFFAIRS OR THE REGISTRAR FROM THE TRANSFERRING INSTITUTION)

1. Is the above named student currently enrolled? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Is the student eligible to return to your institution? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Is the student withdrawing from your school voluntarily? Yes\_\_\_\_\_ No\_\_\_\_\_

4. To your knowledge, has this student been charged with a criminal offense other than a traffic violation? Yes\_\_\_\_\_ NO\_\_\_\_\_

If yes, please describe: \_\_\_\_\_

5. To your knowledge has this student been treated for any type of psychological medical problems? Yes\_\_\_\_\_ NO\_\_\_\_\_ If yes, please explain. \_\_\_\_\_

6. Was the student ever suspended for disciplinary reasons? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please give reason \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL OFFICIAL

TITLE \_\_\_\_\_