

**COLLEGE REPORT – TRANSFER**

**TO THE APPLICANT:**

This form must accompany an official copy of your transcript and must be completed by a college official(s) who has access to your academic record and your disciplinary record. You must also include a copy of your high school transcript.

Legal Name: \_\_\_\_\_  
Last (family) First Middle Jr., III, etc. Preferred First Name

Date of Birth: \_\_\_\_\_  female  male  
mm/dd/yyyy

Mailing Address: \_\_\_\_\_  
Street City State/Country Zip/Postal Code

Current College: \_\_\_\_\_ CEEB/ACT Code: \_\_\_\_\_  
Official Name

Current College Address: \_\_\_\_\_  
City State/Country Zip/Postal Code

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many college credits have you earned prior to this academic year? \_\_\_\_\_ How many college credits will you earn this academic year? \_\_\_\_\_

**APPLICANT’S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:**

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Duke University have access to their educational records, including letters of recommendation on file.

- I hereby freely and voluntarily waive my right of access to any information contained in this recommendation form and agree that the statement will remain confidential.
- I prefer not to waive my right so that I may request to see the information on file after enrolling at Duke University.

Required Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

**TO THE COLLEGE OFFICIAL:**

Please complete the information below and return the form along with an official copy of the applicant’s transcript.

College Official’s Name (Mr./Mrs./Ms./Dr.): \_\_\_\_\_  
Please print clearly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Position or Title: \_\_\_\_\_ College Official’s Telephone: \_\_\_\_\_

College or University: \_\_\_\_\_

Is this student in good academic standing?  Yes  No

This student's rank is \_\_\_\_\_ out of a class of \_\_\_\_\_

Has he or she ever been subject to disciplinary action/academic probation?  Yes  No If yes, please provide a complete explanation.

To the best of your knowledge, does this student plan to return to your college after spending a year elsewhere?  Yes  No

Please indicate whether your responses have been based on:  Records and reports  Casual contacts  Personal acquaintance

As best as you can, please assess the candidate's academic qualities, promise as a Duke University student, and reason for transfer. We are particularly interested in character, relative maturity, integrity, independence, value system, and special interests and talents.