



## TRANSFER CLEARANCE FORM

**TO BE COMPLETED BY STUDENT** *(Please complete and sign the top section of this form and give it to the Dean of Students at last college attended).*

Expected date of entrance at Piedmont University \_\_\_\_\_

Applicant Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*last first middle initial*

Permanent Address \_\_\_\_\_  
*number and street*

\_\_\_\_\_ *city* \_\_\_\_\_ *county* \_\_\_\_\_ *state* \_\_\_\_\_ *zip*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous College(s) attended \_\_\_\_\_ Last Semester Attended \_\_\_\_\_

Your signature authorizes release of the information requested below. \_\_\_\_\_  
*signature date*

*A previous disciplinary action, charge or conviction, does not automatically disqualify applicants from enrollment at Piedmont University, but will be reviewed. This review will be conducted independently of the evaluation of your academic eligibility for admission and will be shared only with Undergraduate/Graduate Admissions or with other officials at Piedmont University who have a need to know as part of the review process.*

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**TO BE COMPLETED BY DEAN OF STUDENTS/TITLE IX OFFICE AT LAST COLLEGE ATTENDED**

The above applicant has applied for admission as a transfer student to Piedmont University. Please complete the section below and return this form to the email address listed at the bottom. If you have additional comments, please feel free to attach a subsequent letter to the email.

**Was this student involved in any disciplinary actions during enrollment at your institution?** D Yes D No

If yes, please describe the charge and action taken: \_\_\_\_\_

\_\_\_\_\_

**Sexual Misconduct/Title IX-Did this student leave the institution with an incomplete Title IX proceeding?**

D Yes D No

**Was this student disciplined through a Title IX proceeding (i.e. was the student found responsible for a violation of your institution's Title IX policy)?**

D Yes D No

**Are you aware of a criminal conviction for sexual, interpersonal, or other acts of violence?**

D Yes D No

**Is the student eligible for immediate re-enrollment at your institution?** D Yes D No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Basis of report:** D Records D Personal Acquaintance D Other

**INSTITUTION OFFICIAL(S) COMPLETING THE FORM:**

\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*signature* *print name*

\_\_\_\_\_ *title* \_\_\_\_\_ *college or university*

PLEASE MAIL/SCAN COMPLETED FORM TO: Undergraduate Admissions, POB 10, Demorest, GA 30535 • [706-7760103](tel:706-7760103) • [ugrad@piedmont.edu](mailto:ugrad@piedmont.edu)

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