

Transfer Application for Admission Dean's Report

Office of Transfer Admissions & Services 700 Park Ave. Norfolk, VA 23504 Office: 757-451-7745 Fax 757-823-2054

Applicant Information (please print or type)

Last Name (Family)	First Name (Given)	Middle/Maiden Name	Date of Birth		
Home Address		City	State/Country	Zip Code	
Official Name of Schoo	I	City	State/Country	Zip Code	
Applicant should c	omplete the following	:			
	WAI	VER OF ACCESS			
of Norfolk State University my intention regarding a	sity. In accordance with the Fa	ials for use in the admissions promity Educational Righters and Fing one of the following options shall therefore be considered control	rivacy Act of 1974, I ::		
Date	Pate Student Signature				
document and it will be		rinted above, we will preserve the city officials. If the student has rest.			
To the Applicant					
•	eted the above sections, gromptly to Norfolk State	give this form to your dean University.	or appropriate co	ollege official to	
To the Dean					
and return this form w	~	lk State University as a tra on receipt to the Office of Touch.		_	
•		dent's ability, personality application will be conside		•	
	ever been subject to discipn an explanation.	plinary action?			
2. Is the student in go	od academic standing? _				
3. What dates did the	applicant attend the colle	ge/university? From:	T	o:	



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	ion of the applicant as a person, and as an applicant for transfer nissions committee finds written comments particularly helpful.
Date	Signature
(Please Print) Name/Title	
Email	
College/University	
College/University Phone Number	