

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	1	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 Far access to these reports by checking	tals for use in the admissions promity Educational Rights and Priving one of the following options:	vacy Act of 1974, I ha	
Date	Stude	ent Signature		
document and it will be		inted above, we will preserve the ty officials. If the student has not.		
To the Applicant				
•	eted the above sections, gromptly to Norfolk State U	ive this form to your dean University.	or appropriate co.	llege official to
To the Dean				
and return this form w	_	k State University as a trar n receipt to the Office of T edu.		_
		lent's ability, personality a application will be consider		
	ever been subject to discip n an explanation.	linary action?		
2. Is the student in go	od academic standing?			
3. What dates did the	applicant attend the colleg	ge/university? From:	To	o:



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