Davidson-Davie
COMMUNITY COLLEGE

TRANSFER CLEARANCE FORM

Section 1: TO BE COMPLETED BY STUDENT

Please Print:

Applicant's Name:_____ _____
Last First Middle

Address:_____

City:_____ State:_____ Zip: _____

Date of Birth:_____ Semester for which you are applying: Fall_____ Spring_____ Summer _____
Month/Date/Year

I authorize the information requested below to be forwarded to Davidson-Davie Community College. It will be used in the application process and will be included in my records at Davidson-Davie Community College.

_____ _____
Signature Date

Section 2: TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL OF THE CURRENT/FORMER INSTITUTION

Return this form to: Admissions Office ▪ Davidson-Davie Community College ▪ P.O. Box 1287 Lexington, NC 27293--1287

1. Dates of enrollment at your institution: From:_____ to _____

2. Has the student been involved in a student code of conduct violation? Yes ☐ No ☐

   If yes, please give a brief statement of the nature of the offense and its resolution: _____

   _____

3. Is the student currently under academic suspension or expulsion from your institution? Yes ☐ No ☐

   If yes, please explain:_____

4. Would the student be permitted to continue or return to your institution? Yes ☐ No ☐

   If your answer to the above question is NO, please explain:_____

5. Has there been any emotional or mental health issues that should be brought to our attention? Yes ☐ No ☐

   If yes, please explain: _____

6. The foregoing information is based upon: ☐ Records & Reports Only ☐ Casual Contacts ☐ Firsthand Knowledge

   Other: _____

* The Admissions Office welcomes any additional comments you think would be helpful to this admissions process. If you wish to make additional comments, please use the reverse side of this form.

_____ _____
Print Name and Title of Designated School Official Name of Institution

_____ _____
Signature of School Official Address of Institution

_____ _____
Date City, State, and Zip Code