

VIRGINIA STATE UNIVERSITY

PETERSBURG, VIRGINIA 23806

Office of Transfer Admissions: (804) 524-5888

TDD (804) 524-5487

FAX (804) 524-6943

CONFIDENTIAL REPORT

STUDENT'S NAME _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER _____ - _____ - _____

This form must be completed by the Dean of Students or Registrar of the last college attended and returned to the Office of Admissions at Virginia State University, P.O. Box 9054, Petersburg, VA 23806.

NAME OF UNIVERSITY/COLLEGE _____

DATES OF ATTENDANCE _____

| | YES | NO |
|--|-------|-------|
| Is this student on Academic/social probation? | _____ | _____ |
| Has this student: | | |
| a) been disciplined for infractions of rules? | _____ | _____ |
| b) been suspended at any time? | _____ | _____ |
| Could this student return to your school at the next regular enrollment? | _____ | _____ |
| Do you know of any reason why this student should not continue at your school? | _____ | _____ |

In the space below, please provide additional information that will help determine this student's eligibility for admission to Virginia State University.

Signature _____ Date _____
Position _____

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