



Please send to:
 Dean of Admission
 Gonzaga University
 502 East Boone Avenue
 Spokane, WA 99258-0102
 Fax: (509) 313-5780
 www.gonzaga.edu

GONZAGA UNIVERSITY

PART FOUR

Transfer Student Clearance Report

Please type or print.

Section I: Applicant

Please fill out the address information below, and give this form to a representative at your current or most recent institution who has access to your student record. Also, please request to have any new transcripts submitted when they are available.

Student's Name: _____
Last *First* *Middle*

Permanent Address: _____
Number & Street

_____ Phone: (_____) _____
City *State* *Zip Code* *Area Code* *Number*

Section II: College or University Representative

The above-named student is currently attending or has attended your institution and is considering transferring to Gonzaga University. When complete, please mail or fax this form to the Office of Admission at Gonzaga University.

Is this student eligible to continue at your institution? Yes No

If not eligible, is the reason: Academic Financial Disciplinary Other

Additional information & comments (if necessary): _____

Signature _____
 Printed Name _____
 Title _____
 Institution _____
 E-mail Address _____
 Office Address _____
 Telephone (_____) _____ Fax (_____) _____