



Office of Admissions
601 S Church St
Winston-Salem, NC 27101
336/721-2636 or 1-800-32-SALEM
Fax: 336/917-5572

Name _____ Address _____

College Attended _____ Dates of Attendance _____ to _____

I request that you complete this questionnaire which is to be sent to Salem College. I authorize you to release the requested information and any other information you may have concerning me to the above mentioned College.

(Signature of Applicant)

TO THE DEAN OF STUDENTS:

The student listed above is making application for transfer admission to Salem College. In addition to the requested information, we would be grateful for any other information you have which may be helpful to us when the application is considered.

1. Has the student been disciplined, placed on probation, or suspended for
(a) academic reasons _____
(b) other reasons _____ If your answer to (a) or (b) is "yes", please explain.

2. Is the student eligible to re-enter your institution? Yes _____ No _____ If "no", please specify reasons.

3. Other comments:

Name (please print) _____

Address _____

Signature _____

Position _____

Telephone Number (____) _____

Area code

Date _____

PLEASE RETURN TO THE OFFICE OF ADMISSIONS, SALEM COLLEGE, 601 S CHURCH ST, WINSTON-SALEM, NC 27101.