

Student Name:
Student DOB (mm/dd/yyyy):
Student Address:

Statement of Good Standing – College Report Transfer Registrar Report

College Official Name	Title
Email	Phone
Institution	CEEB
Address	
Is this applicant in good standing? [] Yes [] No
Is this applicant eligible to return to	your institution? [] Yes [] No
If you answered "No" to either or bo	th questions, please attach a document to provide details.
to academic misconduct or behavioral suspension, removal, dismissal, or example [] Yes [] N	•
[] Yes [] N	No [] School policy prevents me from responding.
•	oth questions, please attach a document or use your written mate date of each incident and explain the circumstances.
I recommend this student:	
[] No basis [] With reservati	on [] Fairly strongly [] Strongly [] Enthusiastically
Signature:	Date:

Please mail this form and accompanying documents to: