



**CREIGHTON UNIVERSITY
TRANSFER ADMISSION
STATEMENT OF GOOD STANDING**

Start term for which you are applying:

Spring Summer Fall

Year: _____

TO THE CREIGHTON APPLICANT:

After completing the questions below, give this form to the Dean of Students or other college official who has access to your disciplinary and academic records at the institution you most recently attended.

Legal Name: _____ Female
Last/Family/Sur (enter name as it appears on official documents) First/Given Middle (complete) Suffix Male

Birthdate: _____ Student ID # at this school: _____
mm/dd/yy

Phone Number: _____ Email Address: _____

TO THE SCHOOL OFFICIAL:

This section is to be completed by the Dean of Students or other school official with access to the applicant's disciplinary and academic records.

School Official's Name: _____ Title: _____

School Name: _____ CEEB/ACT Code: _____

Phone Number: _____ Email Address: _____

1. Is this applicant eligible to return to your school? Yes No
If you answered 'no' to the question, please attach a separate sheet of paper to provide details.

2. Has the student ever been found responsible for or is the student under current/pending investigation for any disciplinary violation at your institution? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.
 Yes No

3. To your knowledge, has the applicant ever been arrested or convicted of a misdemeanor, felony, or other crime?
 Yes No

4. Do your responses include information from your school's Title IX office? Yes No
If the answer to question #4 is NO, please have your school's Title IX office complete this section.

Title IX Official's Name: _____ Email: _____

Has the student ever been found responsible for or is under current/pending investigation for a violation of your Title IX policy?

Yes No

Title IX Official's Signature: _____ Date: _____

This institution has a policy which prevents me from responding.

I would prefer to discuss this applicant over the phone with the Creighton University Admissions Office.

School Official's Signature: _____ Date: _____

Applicants are expected to immediately notify Creighton University should there be any changes to the information requested on this form.

Please complete this form, sign, and mail or email to: Creighton University
Attn: Admissions Office
2500 California Plaza, Omaha, NE 68178
admissionsforms@creighton.edu