



Student Services

1010 Commonwealth Avenue,
1st Floor, Boston, Massachusetts 02215
617-353-2980
www.bu.edu/met

Required of all applicants: Please read and complete this portion of the form and submit it to the Dean of Students or Dean's representative at each college or university you have attended within the last three years. Your signature on this form authorizes the release of information regarding your disciplinary record. Failure to submit this information will prevent your application from being reviewed.

Name LAST FIRST MIDDLE

Date of birth MONTH DAY YEAR SOCIAL SECURITY NUMBER

1974 Family Educational Rights and Privacy Act

This Transfer Report will become part of your application file. It will be used only for the purposes specifically intended. If you matriculate at Boston University, you will be granted access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and hereby [] waive [] do not waive my right of access to this document should I matriculate at Boston University.

Signature Date

Evaluation Information

The student whose name appears above is applying for transfer admission to Boston University Metropolitan College. The information you provide will assist Student Services in making its selection of the entering class.

Are you authorized by your institution to release information regarding students' discipline records? [] Yes [] No
If no, please return this form to the student or forward to the appropriate administrator.

How long has the applicant attended your institution?

Has the applicant been subject to disciplinary action for conduct on or off campus? [] Yes [] No
If yes, please explain on the next page.

Is the applicant eligible to return to your institution? [] Yes [] No

Signature

Name

Position

School

Telephone

Email address @

Please use this space for any summary appraisal or observations you feel ought to be made on behalf of this student's candidacy. The Board of Admissions is particularly interested in unusual circumstances or events that may bear on this applicant's admission and that may not be included in other documentation. You may attach additional sheets if necessary. (Duplicated reports are acceptable.)

Thank you for your time. Please send the completed form to: Student Services, Boston University, Metropolitan College, 1010 Commonwealth Avenue, 1st Floor, Boston, Massachusetts 02215.