

# TEXAS SOUTHERN UNIVERSITY

OFFICE OF THE REGISTRAR

3100 Cleburne Street , Houston, Texas 77004

713-313-7071

## TRANSFER STUDENT REFERENCE FORM

**Applicant who are not eligible to return immediately to the last institution attended will not be admitted.**

Student Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Student ID \_\_\_\_\_ - - Date of Birth \_\_\_\_\_  
*Month Day Year*

Date you Expect to Transfer \_\_\_\_\_  
*Month Day Year*

### TO THE COLLEGE/UNIVERSITY

I hereby request that you complete this form, which is to be sent to Texas Southern University. I authorize you to release the requested information. Please return the completed form to **Texas Southern University, Office of the Registrar, 3100 Cleburne Street , Houston, Texas 77004.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Month Day Year*

Has the student been under Disciplinary Censure?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Please check one of the following:

- Eligible to return to this institution.
- Eligible to return only under special conditions.
- Not eligible to return to this institution.

Please explain ineligibility or conditional eligibility \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_  
*Month Day Year*

College/University \_\_\_\_\_

Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*