

GROVE CITY COLLEGE TRANSFER REFERENCE FORM

Transfer Applicants: The following information is required to apply for admission. Please have the dean of students or director of student life from your current or most recent institution complete this form and send it directly to the Office of Admissions in one of the following ways. The completed form should *not* be returned to you.

Email: admissions@gcc.edu

Mail: Grove City College, Office of Admissions, 100 Campus Drive, Grove City, PA 16127

Fax: 724-458-3395

me		
Last	First	Middle
me Address		
Street	City, State	Zip
RT II (to be completed by the	e dean of students or director of s	student life)
Has the above student ever be	een under disciplinary censure at yo	our school? Yes No
If yes, what was the specific p	roblem?	
May this student currently be a	eadmitted to your school in good st	anding? □ Yes □ No
way the stadent sanently be i	oddinitiod to your concorning good of	anding. 100 110
Would you recommend this st	udent to Grove City College without	reservation? Yes No
Why?		
,		
Drint Norse (Ciere	Tillo	Data
Print Name/Sign	Title	Date
Name of Sch	ool	Location