

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*