



Warren Wilson COLLEGE

REGISTRAR REPORT FOR TRANSFERS

NOTE: Please fill out and email, mail, or fax this form to:

admit@warren-wilson.edu

Office of Admission PO Box 9000

Asheville, NC 28815-9000

828.298.1440 (fax)

APPLICANT DETAILS (To be filled out by the applicant before submitting to the Registrar)

Full Name:

Application submitted: (date)

Applying for: Check one: ___ Fall ___ Spring Year _____

Mailing Address:

Home Phone:

Cell Phone:

Email:

PERSONAL DETAILS (To be filled out by the Registrar)

Name and Title of official completing this form:

Email, Phone:

SCHOOL DETAILS

Name:

Address:

CEEB:

Website:

ACADEMICS

GPA:

Graduation Date (If AA, BS, or BA issued):

EVALUATION

Applicant in good standing: Yes or No

Eligible to return: Yes or No

Explanation if no to either of the above:

School Discipline: Yes or No

Criminal History:

Disciplinary Explanation if yes to either of the above:

Recommendation: