STATEMENT of CONFIDENTIAL

Must be completed by Transfer, Unclassified and Special Applicants. \bigcirc \bigcirc \bigcirc

SCHOOL SEAL

HERE

Director of Undergraduate Admissions North Carolina Central University



Please send this form to the last school enrolled. Complete top section, sign and date.
FORM MUST BE MAILED DIRECTLY TO:

P.O. Box 19717 Durham, NC 27707 PREVIOUS COLLEGE ATTENDED NAME OF STUDENT (WHILE ATTENDING) SOCIAL SECURITY NUMBER DATE OF ATTENDANCE I hereby waive my right to review this information and authorize the release of all supporting documentation SIGNATURE DATE ABOVE TO BE COMPLETED BY STUDENT To the College Official: The student above requests that you provide information that will support their application for admissions at NCCU. All information given will be held in confidence. 1. Date of attendance at your institution? 2. Is the student in good academic standing? ☐ Yes ☐ No 3. Is this student under Academic or Social Probation?

Yes No Suspension? The No. If not, when will this student be eligible to reapply? __ 4. Is this student eligible to return to your school? ☐ Yes ☐ No 5. If your institution is a Community College: Is the above named student enrolled in a college transfer program? If the answer is yes, does this program lead to the Associate Degree (2 year schools only)? 6. Has this student ever been under censure while attending your school? □ Yes □ No Please explain the nature of the censure 7. To the best of your knowledge, has this student attended any other post secondary educational institution? \square Yes \square No If so where? PLACE SIGNATURE DATE

NORTH CAROLINA CENTRAL UNIVERSITY DOES NOT PRACTICE OR CONDONE DISCRIMINATION, IN ANY FORM, ON THE GROUNDS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR HANDICAP.

POSITION