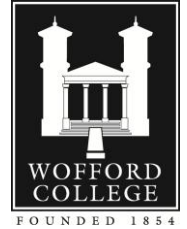


WOFFORD COLLEGE VERIFICATION OF GOOD STANDING



Return Completed Form to: Wofford College, Office of the Registrar, 429 N. Church St. Spartanburg, SCC 29303, Fax (864)597-4019

TO THE STUDENT

This form must be completed by a college official who has access to your disciplinary record. Please follow these steps to ensure the form is completed accurately and in its entirety. **Step 1:** Complete all relevant questions below, including the signature statement. **Step 2:** Give this form to a college official who has access to your disciplinary record and ask that official to complete the portion of this form. **Step 3:** Please ask the individual to return the completed form to the address below.

Legal Name (please print) _____
Last, First, Middle and Suffix (Jr. III, etc.)

Address _____
Number & Street Apartment # City/Town County or Parish State/Province Country ZIP/Postal Code

Date of Birth _____ - _____ - _____ Male _____ Female _____

College/University you now attend _____ CEEB/ACT Code _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by Wofford College to which I am applying. I further authorize the Office of the Registrar to review my application, contact officials at my current and former schools should they have questions about information submitted on my behalf.

Student Signature _____ Date _____

TO THE COLLEGE OFFICIAL

Is this student in good academic standing? ___ Yes ___ No

Is this applicant eligible to return to your school? ___ Yes ___ No

Has the student ever been found responsible for a disciplinary violation at your school that resulted in probation, suspension, removal, dismissal, or expulsion from your institution? ___ Yes ___ No

To your knowledge, has the student ever been convicted of a misdemeanor, felony, or other crime? ___ Yes ___ No

If you answered yes to any of these questions, please attach a separate explanation providing pertinent details.

If you would prefer to discuss this student over the phone with the Office of the Registrar, please check here. _____

I recommend this student: ___ No basis ___ With Reservation ___ Fairly strongly ___ Strongly ___ Enthusiastically

College Official's Name (please print) _____

Title _____ College /University _____

College/University Address _____

College Official's Telephone (_____) _____ E-mail _____

Signature _____ Date _____