

Transfer Student Verification Form

Purpose of This Form

Daoist Traditions College of Chinese Medical Arts is committed to maintaining a professional and collaborative learning environment that supports the educational experience of all students. Because our programs involve close interaction among students, faculty, staff, and patients, understanding a transfer applicant's experience, engagement, and standing within their current or former institution is an important part of our admissions process.

This form is intended to provide Daoist Traditions with information about a transfer applicant's documented history including conduct concerns, disciplinary matters, and current institutional standing. The purpose is not to request a recommendation or subjective assessment of the applicant, but to allow the College to consider relevant factual information as part of its admissions review.

The form must be completed by an authorized institutional representative with access to the student conduct and disciplinary records, such as the Dean of Students, or other administrator responsible for student conduct or affairs.

Instructions for the Student

- 1) Complete and sign the authorization section.
- 2) Ask an authorized administrator at your current or most recently attended school to complete the institutional verification section.

Your signed authorization permits the institution to disclose the information requested from your educational record for the purpose of evaluating your application for transfer admission. The authorization identifies the information to be disclosed, the purpose of the disclosure, and Daoist Traditions College as the recipient. This authorization is provided in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 C.F.R. Part 99.

Instructions for the Institutional Representative

This form should be completed by an authorized institutional representative with access to the students' conduct and disciplinary records, such as the Dean of Students, or other administrator responsible for student conduct or affairs.

Please answer each question based on the institution's records. If you answer Yes to any question, please provide a brief factual explanation. See form for details. Do not include information that is not permitted to be disclosed under applicable law or institutional policy.

Returning the Completed Form

Please return the completed form directly to Juliet Daniel, Director of Admissions at admissions@daoisttraditions.edu.

Thank you for your assistance in providing the requested information to help Daoist Traditions conduct a thorough and thoughtful review of this transfer student's application.

Transfer Student Verification Form**Student Name:** _____**Current/Most Recent Institution:** _____**Dates of Attendance:** _____

Student Authorization - I authorize the institution named above to release to Daoist Traditions information reasonably necessary to evaluate my application for transfer admission, including my student conduct history, disciplinary proceedings, behavioral concerns, institutional sanctions, restrictions on enrollment or participation, and current or pending conduct matters, to the extent permitted by applicable law and institutional policy. I understand that I may request a copy of the records disclosed pursuant to this authorization from the institution providing the information, as provided by applicable law.

Student Signature: _____ **Date:** _____

Institutional Verification - to be completed by an authorized institutional representative, such as the Dean of Students, or other administrator responsible for student conduct or affairs.

Based on institutional records and your professional position at your institution, please answer the following:

Has the institution documented significant or repeated concerns regarding conduct that negatively affected the learning environment or institutional operations and required institutional intervention? ☐ **Yes** ☐ **No**

Has the student demonstrated a documented pattern of failing to comply with institutional policies, procedures, or reasonable directives? ☐ **Yes** ☐ **No**

Has the institution documented significant or repeated concerns regarding professional behavior, interpersonal conduct, or interactions with others? ☐ **Yes** ☐ **No**

Has the student been subject to a formal disciplinary or conduct proceeding? ☐ **Yes** ☐ **No**

Has the student ever been suspended, dismissed, or expelled? ☐ **Yes** ☐ **No**

Is there any current or pending restriction or condition of enrollment, or other significant concern? ☐ **Yes** ☐ **No**

If you answered Yes to any item above, please attach a brief factual explanation, including relevant dates, the general nature of the matter, institutional findings or outcome, actions taken, and current status, if applicable. (See next page to include a brief factual explanation.)

Institutional Representative Signature**Name:** _____ **Title:** _____**Institution:** _____**Signature:** _____ **Date:** _____

Brief factual explanation if you answered Yes to any of the Institutional Verification questions above:
