



Verification of Student Conduct – Transfer Student

To the applicant: Please complete the top portion of this form and fax or send a copy to the institution from which you are transferring, regardless of length of study. Please have the completed form sent directly from the college official to National University of Natural Medicine.

Institution: _____

Attn: Registrar or Office of Academic Records **Fax #:** _____

Applicant Name: _____

Name under which college records were listed if different from above: _____

Social Security Number (SSN)* or Student ID Number: _____

Dates attended: _____ **Area of study:** _____

Student signature: _____

**Many institutions require a SSN to retrieve student records. You are not required to disclose this information.*

To the institution official: The student above has applied to the graduate program at National University of Natural Medicine. The purpose of this form is to verify that the student remained in good academic standing while attending your institution. By signing this form, the student has given your institution permission to release academic information concerning their academic performance, conduct, attendance and departure from an academic program. **Please answer the questions on this form and fax it back to the National University of Natural Medicine Office of Admissions at 503.499.0027.**

Was the student subject to any disciplinary action while in attendance at your institution (including academic and/or non-academic)? *If yes, please explain on a separate sheet of paper.* Yes: ☐ No: ☐

Are any disciplinary actions pending institution (including academic and/or non-academic)? *If yes, please explain on a separate sheet of paper.* Yes: ☐ No: ☐

Has the applicant been expelled, suspended, placed on probation, required to withdraw or given a disciplinary warning (including academic and/or non-academic)? *If yes, please explain on a separate sheet of paper.* Yes: ☐ No: ☐

Official's Signature: _____ **Title/Position:** _____

Date: _____