

**COLLEGE OF THE OZARKS®**  
TRANSFER STUDENT FORM

**Instructions:** Complete the top portion of this form, then send it to the Dean of Students at the institution from which you are transferring.

**TO BE COMPLETED BY STUDENT:**

Student Name \_\_\_\_\_  
Last First Middle

Student ID number \_\_\_\_\_

Name of College/University \_\_\_\_\_

Most recent date of enrollment \_\_\_\_\_  
Semester/year

I plan to enroll at College of the Ozarks \_\_\_\_\_  
Semester/year

Please release information from my record as requested below to College of the Ozarks.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

Permanent address \_\_\_\_\_  
\_\_\_\_\_

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**TO BE COMPLETED BY THE DEAN OF STUDENTS:** Please complete this form for the above named applicant and return to the address below: For the above named student do you have any record of the following:

Disciplinary probation or suspension? \_\_\_\_\_

Financial Irresponsibility? \_\_\_\_\_

Alcohol or drug problems? \_\_\_\_\_

Other irresponsible behavior? \_\_\_\_\_

If answer is yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above named student will not be considered for admission without this form.  
Information contained herein is confidential.

\_\_\_\_\_  
(Signature) (Title)

Please return to: Admissions Office, College of the Ozarks, Point Lookout, MO 65726