



# MOUNT IDA COLLEGE

## Transfer Student Conduct History Evaluation

All transfer students are required to have a Conduct History Evaluation submitted from each of the institutions they have attended in the last seven academic years. **This form must be completed as described below and submitted to Mount Ida College for review no later than one week before the first day of classes.** Your enrollment at Mount Ida College is contingent on the review of this completed form.

### Part 1: To the Student

Student completes this first section of this form.

Student Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Name of college/university: \_\_\_\_\_

Date(s) of attendance: \_\_\_\_\_

### Part 2: Student Signature

Student please read and sign below, and forward this form along to the Dean of Students/Vice President of Student Affairs, or the person responsible for student disciplinary records on campus.

**With my signature I give Mount Ida College permission to contact my past institutions of Higher Education to inquire about my past student conduct and/or academic conduct history.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Part 3: To the College/University

Please complete the following information on the above-named student, who is applying to Mount Ida College. Thank you in advance for your assistance. Please return to:

Admissions Office  
Mount Ida College  
777 Dedham Street  
Newton, MA 02459

1. Has the student been involved in any serious disciplinary actions at your school? ( ) Yes ( ) No
2. Has the student withdrawn from the institution with pending conduct matters? ( ) Yes ( ) No
3. Has the student been involved in acts of academic dishonesty? ( ) Yes ( ) No
4. Is the student in good standing and eligible to return to your institution? ( ) Yes ( ) No

Please provide any supportive documentation on College letterhead or standard form used by your institution if you answered yes to questions 1, 2 and/or 3, or no to question 4. Please provide as detailed information as possible. The Director of Community Standards reviews this form and may contact you for more information before providing a recommendation to the Admissions Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Institution: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_