



# STATEMENT OF CONDUCT

INSTRUCTIONS: The prospective student must complete the information in section one. Forward this form to the Office of the Dean of Students at the last college or university in which you were enrolled.

**SECTION ONE - To be completed by the student (please print clearly)** -----

I, the undersigned, permit the release of all academic or disciplinary information to Wingate University.

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
Last four digits of your Social Security Number      Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Date of Attendance (mm/yyyy to mm/yyyy)

\_\_\_\_\_  
Signature

**SECTION TWO - To be completed by the appropriate dean** -----

The above named student has attended your institution and has applied to Wingate University for admission. Please complete the following questions and return the form directly to **Daniel Hatley, Transfer Admissions Counselor, daniel@wingate.edu, 704-233-8110 (f).**

Please check the box that corresponds with your answer and respond to all questions.

1. Is the student in good social standing according to your institution's guidelines of conduct?  Yes  No

2. Is this applicant eligible to return to your institution?  Yes  No

If you answered "no" to either or both questions above, please provide details below.

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

3. Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?  Yes  No

**If you answered "yes" to question #3, please provide the date the incident occurred and any other details below.**

\_\_\_\_\_  
Date of incident  
\_\_\_\_\_  
\_\_\_\_\_

4. To your knowledge, has the applicant ever been convicted of a misdemeanor, felony or other crime?  Yes  No

**No action can be taken on the student's application until this form has been completed and returned.**

\_\_\_\_\_  
Name of Reporting Official (please print)

\_\_\_\_\_  
Signature of Reporting Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address      Date

**This form should be returned to:** Daniel Hatley, Transfer Admissions Counselor

daniel@wingate.edu | Fax: 704-233-8110