

Transfer Midterm Grade Report



Applicant's Name _____

Current College/University _____

Current Semester Fall Spring Year _____

Dates of Attendance _____

Applying to Saint Joseph's University for Fall Spring Year _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize that the above mentioned school to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by Saint Joseph's University to which I am applying. I further authorize the admission officers reviewing my application to contact officials at my current school should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation
 2. I waive my right to access below, regardless of the institution to which it is sent
- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE INSTRUCTOR

Saint Joseph's University requests an indication of how the above student is performing in each course in which he/she is currently enrolled. Please provide the details requested below.

Course Number	Course Name	Amount of Credits	Progress Grade	Professor's name (Please print)	Professor's Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant: After your professors have completed this information, please return to:

Saint Joseph's University
Office of Undergraduate Admissions
5600 City Avenue, Philadelphia, PA 19131
Fax: 610-660-1314 / transfer@sju.edu