

Lincoln University



Transfer-out interview

Ref: SS/TOI

Section 1 : Student Information

Student Name : Last _____ First _____ Middle _____

Student ID : _____

Telephone Number : (____) _____

Email Address : _____@lincolnucaf.edu

Current Address : Apt No. _____ Street Name _____ City _____
State _____ ZIP Code _____

Transfer School Name : _____

Transfer School Address : _____

Student Signature/ Print Name : _____ Date: _____

Section 2 : Student Services Officer

Reason for transfer : _____

Interviewer Signature/Print Name : _____ Date: _____