



TRANSFER STUDENT APPLICATION CERTIFICATE OF CLARIFICATION

Escuela de Artes Plásticas de Puerto Rico

SECTION A (To be filled by the student)

I, _____, hereby authorize the Dean of Students or authorized representative at [previous university] _____ to submit to the authorities at the Escuela de Artes Plásticas de Puerto Rico the information requested in this document.

Gender: M____ F____ Social Security number (for oficial use): _____

Address: _____

Student's signature: _____ Date: _____

Any information or forged signature to be included on this form WILL IMMEDIATELY VOID YOUR ADMISSION and will be sufficient basis for suspension of the institution.

FOR OFFICIAL USE

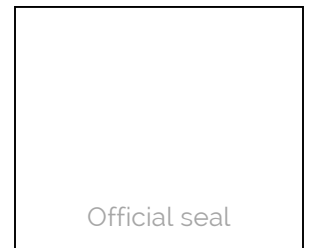
SECTION B (To be filled by the previous university)

- Is the applicant on academic probation? Yes No
If yes, explain: _____
- Is the applicant eligible to continue studies? Yes No
If yes, explain: _____
- Has the student been accused or involved in violations to the rules and regulation of tha Institution? Yes No
If yes, explain: _____

University or college: _____

Signature: _____ Date: _____

Title: _____



OFFICIAL SEAL OF THE INSTITUTION IS REQUIRED.

PLEASE, RETURN THIS DOCUMENT TO: **ESCUELA DE ARTES PLÁSTICAS, ADMISSION OFFICE**
PO BOX 9021112 SAN JUAN, P.R. 00902-1112