



# Pittsburg State University

INTENSIVE ENGLISH PROGRAM

## IEP TRANSFER SCREENING FORM

This form is to be completed only if you are currently enrolled in an English language program and you want to be considered for a transfer to PSU's IEP.

*Student: Complete this part of the form and then give it to the Director of your English Language Program. In addition, please send a copy of your high school transcript if you are planning to be an undergraduate student or your undergraduate transcript if you are planning to be a graduate student and a transcript from your English Language Program.*

Name: \_\_\_\_\_  
Last Name (Family) First Name (Given) Middle Name

PSU ID#: \_\_\_\_\_

Session you plan to attend IEP:

FALL 1st Session     FALL 2nd Session     SPRING 1st Session     SPRING 2nd Session     SUMMER    Year: \_\_\_\_\_

*English Language Program Director: Please complete this form and send it directly by fax: 620 235-4362 or e-mail: cmekkaoui@pittstate.edu*

Student's dates of enrollment in your English language program: \_\_\_\_\_

Has the student progressed through the language program? Has the student repeated any levels or courses? If yes, please explain.

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

Has the student attended classes regularly?     Yes     No

If no, please explain. \_\_\_\_\_

Are the student's financial obligations to the language program paid in full?     Yes     No

If no, please explain, \_\_\_\_\_

Please use the space below to write any comments favorable or otherwise regarding this student.

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

School Name: \_\_\_\_\_ City and State: \_\_\_\_\_