



TRANSFER STUDENT RECOMMENDATION

SECTION 1: To be completed by the student (please print)

STUDENT: Complete section 1 and submit this form to the registrar. A recommendation form is to be completed and signed by each college/university you have attended.

Name: _____
First Middle Initial Maiden Last

Other name(s) under which your transcript may be located: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Read the following statements and check the one you prefer:

____ I understand that this evaluation is confidential and I waive my right to read completed form.

____ I do not waive my right to read this form and therefore this is not confidential.

Signature

SECTION 2: To be completed by the registrar

Has this student ever been suspended or expelled from your institution? _____ yes _____ no

Comments: _____

Has this student ever been placed on academic probation while attending your institution? _____ yes _____ no

Comments: _____

Has this student ever been placed on disciplinary probation while attending your institution? _____ yes _____ no

Comments: _____

Is the student eligible for readmission to your institution? _____ yes _____ no

Comments: _____

Has the student met all financial obligations at your institution? _____ yes _____ no

Comments: _____

Are you aware of the student's reason for wanting to transfer? _____ yes _____ no

Comments: _____

Would you recommend the applicant for admission? _____ yes _____ no

Comments: _____

Would you prefer to discuss this candidate by telephone? _____ yes _____ no

Additional comments: _____

Signature: _____ Date: _____

Institution: _____ Position: _____

Phone number: _____

Send completed form to: Bluffton University, Office of Admissions, 1 University Drive, Bluffton, OH 45817