



## Transfer Student Recommendation

STUDENT: Please complete the top section and submit this form to the Registrar. A recommendation form is to be signed and completed by each college/university you have attended.

Name \_\_\_\_\_  
First Middle Maiden Last

Other name(s) under which your transcript may be located \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_\_) \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THE ONE YOU PREFER:

\_\_\_\_ I understand that this evaluation is confidential and I waive my right to read it.

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

\_\_\_\_\_  
Signature

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1. Has this student ever been placed on academic probation while attending your institution?  Yes  No  
Comments \_\_\_\_\_
2. Has this student ever been placed on disciplinary probation while attending your institution?  Yes  No  
Comments \_\_\_\_\_
3. Is the student eligible for readmission to your institution?  Yes  No  
Comments \_\_\_\_\_
4. Has the student met all financial obligations at your institution?  Yes  No  
Comments \_\_\_\_\_
5. Are you aware of the student's reason for wanting to transfer?  Yes  No  
Comments \_\_\_\_\_
6. Would you recommend the applicant for admission?  Yes  No  
Comments \_\_\_\_\_
7. Would you prefer to discuss this candidate by telephone?  Yes  No

Additional comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

**Send recommendation to:**  
Office of Admissions  
Bluffton University  
1 University Drive  
Bluffton, OH 45817

Revised 12/03/14