Transfer Recommendation Form

Return to: Anderson University
Office *of* Admissions
1100 E. 5th St. Anderson, IN 46012 | info@anderson.edu | Fax: (765) 641-4091

ANDERSON UNIVERSITY
Academic and Christian Discovery

Student Application Information

Legal Name: _____ SSN _____
LAST FIRST MIDDLE

I hereby authorize _____ *to release this information to Anderson University Office of Admissions.*
NAME OF COLLEGE/UNIVERSITY

Signature _____ Date _____

To the Dean of Students

This section should be completed by the dean of students in the Department of Student Life at the college or university you most recently attended or from which you have received the most credit hours. Please ask the dean to send the completed form directly to Anderson University.

The above student is applying to Anderson University in Anderson, Ind. We would appreciate your assistance in providing the information requested below. Thank you for your assistance.

The information provided below is based upon:

___ Information from student's file

___ Information from personal knowledge

Is this student eligible to continue at your institution? ___Yes ___No

Has the student been involved in any disciplinary action while attending your institution? If so, please explain.

_____

_____

_____

Is there any other information you think we should know before we make an admissions decision on this student's application?

_____

_____

_____

Recommendation:

___ Highly recommend

___ Recommend with reservations

___ Do not recommend

___ No basis for recommendation

Authorized Signature: _____ Printed Name: _____

Title: _____ Telephone Number: _____

Please return all forms to Anderson University at Fax: (765) 641-4091or info@anderson.edu.