

Dean of Students Recommendation for Transfer Admission

To the Student: Please complete items above the dotted line. Then, send the form directly to the Dean of

Students or Chief Student Personnel Officer at each college or university you have attended. This form is a required part of the Elmira College Transfer Admission process and must be received before action will be taken on your application. Student's Name: Permanent Address: City, State, Zip: _____ Phone: _____ Email address: __ I am seeking admission as a transfer student to Elmira College. I hereby request that you complete this questionnaire return it to: Office of Admissions Elmira College One Park Place Elmira, NY 14901 Admissions@elmira.edu FAX: (607) 735-1718 I authorize release of this information requested below. Student Signature: To be completed by the Dean of Students or Chief Student Personnel Officer: 1. Dates of attendance of the student: from ______ to _____ 2. Is the student is good standing academically and eligible to return to your institution?

YES

NO If not, please state why:

3.	Is the student in good standing socially and eligible to return to your institution? TYES NO If not, please state why:
4.	Has the student been brought before a disciplinary board/committee at your institution? YES NO If so, please state the nature of the matter:
5.	Does the student possess the emotional maturity necessary for higher education? YES NO If no, is there a need for special assistance?
6.	Do you recommend this student for transfer?
	Please return this completed form to:
	Office of Admissions Elmira College One Park Place Elmira, NY 14901 Admissions@elmira.edu FAX: (607) 735-1718
Na	me and Title:
Со	llege:
Sig	nature: Date: