DRURY UNIVERSITY REFERENCE FORM

Instructions:

For college transfer students **(to be completed by Office of Student Services)**
Send completed form to:

Office of International Admission
Drury University
900 North Benton Avenue
Springfield, MO. 65802

COLLEGE TRANSFER STUDENTS

(Please print in black ink or type)

PART I: The applicant is to complete Part I then deliver to the Office of Student Services or equivalent office at the college/university now attending or most recently attended.

I am applying for admission to Drury University and request that you complete this reference form and mail or fax it to the Office of International Admission at Drury University. You are authorized to release information from my official records as may be requested by Drury.

Name _____ _____
Last (Family Surname), First (Given), Middle — Name of college now attending or most recently attended

Permanent Address _____ _____
Dates of Attendance

_____

_____

_____ _____
Signature of Applicant — Date of Authorization

PART II: To be completed by college official from the Office of Student Services. Student's acceptance in contingent upon receipt of this form.

How long and in what connection have you known the applicant?

Considering ability, interest, and character, do you recommend the applicant for admission? Comments welcome.

Would this student be allowed to continue or re-enroll at your college or university? If not, please explain.

_____ _____ _____
Date — Signature of School Official — Title