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## Transfer Applicant Confidential Recommendation Form

### TO THE APPLICANT:

Please complete the first section of this form and forward to the Dean of Students or the person responsible for student disciplinary records at the college or university you are currently attending. If you are not currently in school, this form must be completed by the institution you last attended. **Your application will not be considered complete until this form is received.**

Student's name \_\_\_\_\_ Social security number \_\_\_\_\_

Current Address \_\_\_\_\_

I authorize you to release the information requested below to Drury University's Office of Admission.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

I ☐ am attending or ☐ last attended:

Name of College/University \_\_\_\_\_ Date(s) of attendance \_\_\_\_\_

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### TO COLLEGE OR UNIVERSITY OFFICIAL

Please complete the following information on the above named student, who is applying to Drury University. The information will be held in strict confidence. Thank you for your assistance.

**Please note that no action can be taken on this person's application until this form is returned.**

Has this student been involved in any serious disciplinary actions at your school? ☐ Yes ☐ No

Has the Student been involved in any acts of academic dishonesty? ☐ Yes ☐ No

Is the student in good standing and eligible to return to your institution? ☐ Yes ☐ No

Has the student demonstrated a good financial responsibility at your institution? ☐ Yes ☐ No

Please provide any additional commentary, or attach relevant documents that would assist our Admission Committee in making a decision. Use the back of this paper if necessary.

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

Name (please print) \_\_\_\_\_ Institution \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_