

OFFICIAL RECOMMENDATION FORM FOR TRANSFER STUDENTS

Part I - To Be Completed by Applicant

Name of Applicant							
SSN	Phone	Phone					
Address							
City	State		Zip Coo	de			
Current College or Last Attended							
Part II – To be Completed by Dean of Students or equivalent at	current or m	ost recen	t instituti	ion			
Mr./Mrs./Ms./Dr. First Name							
		Relationship to Student					
Institutional Name/Organizational Affiliation							
Address							
Daytime Phone Emai	il				CEEB		
Please rank the student on the following criteria:	Best	Good	Fair	Poor	N/A		
Academic Achievement							
Maturity							
Concern for Others							
1. Is this applicant in good academic standing? Yes No							
2. Is this applicant in good financial standing? 🗌 Yes 🗌 No							
3. Is this applicant eligible to return to your school? 🗌 Yes 🗌 No 🗌 N	I/A						
If you answered "No" to any or all questions 1-3, please attach a separa details.	ate sheet of pa	per or use j	your writte	en recomm	endation to prov	vide	
Has the applicant ever been found responsible for a disciplinary violati behavioral misconduct, that resulted in the applicant's probation, susp	•						
Yes No School policy prevents me from responding							
5. Has the applicant withdrawn from your institution prior to the adjudic	cation of a judi	cial infracti	ion?				
Yes No School policy prevents me from responding							
6. To your knowledge, has the applicant ever been adjudicated guilty or o	convicted of a	misdemear	nor, felony	, or other c	crime?		
If you answered "Yes" to any or all questions 4-6, please attach a sepa	rate sheet of r	aner or use	e vour writ	ten recomr	nendation to aiv	e the approvimate date	
of each incident and explain the circumstances.		uper or use	your write	ten recomm	nendution to giv		
Applicants are expected to immediately notify the institution to which th cation, including disciplinary history.	iey are applyin	g should th	iere be any	/ changes t	o the informatio	on requested in this appli	
² Check here if you would prefer to discuss this applicant over the phot	ne with the ad	mission of	fice.				
I recommend this student: Enthusiastically Strongly Fai	rlv Strongly	With Re	servation		isis		
Please attach a separate sheet to share any additional insight concerning							
Signature of College Official			Date				
Return by fax (352) 588-8257 or email (below) or mail to: Saint Leo Unive	ersity — Admis	sions — M	C 2008 —	P.O. Box 66	565 — Saint Leo,	, FL 33574-6665	

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