

# TRANSFER RECOMMENDATION FORM



**RETURN TO:**  
Franklin College  
Office of Admissions  
101 Branigin Boulevard  
Franklin, Indiana 46131-2623

## Student Applicant Information

Legal Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release this information to Franklin  
Name of College/University  
College Office of Admissions.

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

The following section should be completed by the dean of students in the office of Student Affairs 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 Franklin College.

## To The Dean of Students

The above student is applying to Franklin College, Indiana. 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 admission 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: ( \_\_\_\_\_ ) \_\_\_\_\_