

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: (____) _____