



TRANSFER RECOMMENDATION

Student Information please print clearly

Please complete this section and present this form to the Dean of Students or Director of Student Affairs of your most recent college attended.

NAME: FIRST, MIDDLE, LAST _____

ADDRESS _____ CITY, STATE, ZIP, COUNTRY _____

PHONE _____ E-MAIL ADDRESS _____

Enrollment Date:

Fall 20_____ Spring 20_____ Summer 20_____

Name of College/University Attended _____ Dates Attended _____
MM/YY - MM/YY

Reason for Transfer _____

I hereby authorize the release of the information requested below in order to be considered for admission.	Student's Signature: _____ DATE
I waive my right to review the comments below and realize that the information will be treated in strict confidence.	Student's Signature: _____ DATE

To be completed by the Dean of Students or Director of Student Affairs please print clearly

Was the student subject to any disciplinary action at your institution? Yes No
If Yes, please describe action taken.

Is this student eligible for immediate readmission to your school? Yes No

Do you have any specific comments concerning the applicant's attitude toward authority, rules and other students?

Signature of Dean of Students or Director of Student Affairs:		
_____ SIGNATURE	_____ TITLE	_____ DATE

Please mail this form to Office of Admissions, 1 S. Blvd., Nyack, NY 10960 or fax to 845.358.3047 or scan and email to admissions@nyack.edu.