



SIENACollege

Education... One student at a time

Application for Transfer Admission Recommendation Form

INSTRUCTIONS

Before a decision can be reached by the Admissions Committee, students applying to Siena College from another college or university must complete this Transfer Recommendation Form as follows:

After completing the portion below, the student then submits this form to the appropriate college official at the last college attended full-time (if attended within the last three years). The appropriate college official could be an academic dean, dean of students, faculty advisor, transfer counselor, registrar or other appropriate college official. That college official completes the section on the reverse and forwards this form to:

Coordinator of Transfer Admissions
Siena College
515 Loudon Road
Loudonville, NY 12211-1462

STUDENT

1. Name: Last First M.I. Maiden

2. Home Address: Number and Street

City State Zip

3. Social Security Number: - - 4. Telephone Number: ()

5. Please indicate briefly why you are transferring to Siena College.

6. Name the college and period of attendance covered by this recommendation.

Student Signature

Date

(Please complete both sides of this form.)

COLLEGE

To be completed by the academic dean, dean of students, faculty advisor, transfer counselor, registrar, professor or other appropriate officer.

1. Student's Name: Last First M.I.

2. Is this student eligible to re-enter your institution in good standing? Yes or No

3. Has this student ever been on academic probation? Yes or No

4. Have the student's relationships with faculty and students been satisfactory? Yes or No

5. Please use this space for clarification to answers given above and for any information regarding this applicant's ability for academic success at Siena.

6. I recommend this student.

I recommend this student with reservation.

I do not recommend this student.

Name (print) E-mail

Title Telephone ()

College Address

Signature Date

When completed, please mail this form to:

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