

## Student Life Recommendation Form

### SECTION 1: To be Completed by Applicant (Transfer Students Only)

Applicant's Name \_\_\_\_\_  
Last First Middle

Last College Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_

Check one:  I waive my right to review this completed document.  
 I do not waive my right to review this completed document.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2: To be Completed by the Dean of Students

The Dean of Students (or comparable Student Life official) at the last institution the applicant attended prior to his or her application to CCU should complete this form. This form must be completed and submitted for all transfer students regardless of how many hours have been completed. Please complete the following and send the recommendation directly to the CCU Office of Admission at the address above.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. While attending your institution, was the student involved in any disciplinary proceedings that would have placed the student on probation or higher in the disciplinary process? \_\_\_\_\_ If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. To the best of your knowledge, why is the applicant seeking to transfer from your institution?  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

School \_\_\_\_\_

