



TRANSFER STUDENT REFERENCE FORM

Last Name

First

Middle

Last College Attended

INSTRUCTIONS: Please have a student personnel officer of school last attended complete this form and return it directly to the Admissions Office at Wartburg College. This reference form must be received before your admission and registration is complete. I authorize that the information requested be forwarded to the Admissions Office of Wartburg College.

Your Signature

Date

TO BE COMPLETED BY THE ACADEMIC DEAN, REGISTRAR, OR THE DEAN OF STUDENTS

1. Is this student eligible to return to your institution? YES NO
If not eligible to return, please indicate the reasons.
2. Has this student ever been placed on academic probation or suspension and if so, please describe? YES NO
3. Do you recommend this student for admission? YES NO
4. Do you know the reasons why this student is transferring and/or can you provide any information which will be helpful in counseling with him/her?

Signature

Date

Title

Phone