

# Cornell College Transfer Application Dean's Reference Form

## SECTION 1 (to be completed by applicant)

Please complete the top portion and give this form to the dean of students or the registrar at the college you are now attending or the last college you attended. Please type or print in black ink.

Name of applicant \_\_\_\_\_  
LAST FIRST MIDDLE (COMPLETE)

Permanent address \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP

School \_\_\_\_\_  
OFFICIAL NAME CITY STATE ZIP

In accordance with the Federal Family Educational Rights and Privacy Act of 1974, matriculating students have access to their application files. The act further provides that you may waive your right to see your evaluation. Please indicate your preference by checking the appropriate box.

I waive or  I do not waive my right of access to this evaluation.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2 (to be completed by Academic Dean, Dean of Students, or Registrar)

We appreciate your willingness to help us assess this student's qualifications for admission to Cornell College and your cooperation in responding promptly to this request. Please answer the following questions as completely as possible. You may use the back of this form to elaborate on any answer:

1) Is this applicant currently a student in good academic standing?  Yes  No

If not, please explain. \_\_\_\_\_

2) Has the student been involved in any disciplinary action?  Yes  No

If so, please explain the nature of the offense and the action taken. \_\_\_\_\_

3) Is the student eligible to continue at your institution?  Yes  No

4) The student is attending/has attended your institution from \_\_\_\_\_ to \_\_\_\_\_.  
MONTH/YEAR MONTH/YEAR

(please print) Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

School name \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP

Telephone \_\_ (\_\_\_\_) \_\_\_\_\_ Fax (if available) \_\_\_\_\_

E-mail address (if available) \_\_\_\_\_

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

