

Dean's Reference Form

Cornell College transfer application



SECTION 1: TO BE COMPLETED BY TRANSFER APPLICANT

Please complete this section and give this form to the dean of students or registrar of the college you are now attending, or the last college you attended.

Your name _____
FIRST MIDDLE LAST

Permanent address _____
NUMBER AND STREET CITY STATE POSTAL CODE

College _____
OFFICIAL NAME CITY STATE POSTAL CODE

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), 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:

I waive my right to access to this information. I do not waive my right to access to this information.

Applicant 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.

The student is attending/has attended your institution from _____ to _____

Is this applicant currently a student in good academic standing? yes no

If no, please explain

PLEASE USE THE BACK SIDE OF THIS FORM TO ELABORATE AS NEEDED

Has the applicant been involved in any disciplinary action, or do they have a disciplinary action pending for behavioral misconduct? yes no

If yes, please explain the nature of the offense and the action taken

PLEASE USE THE BACK SIDE OF THIS FORM TO ELABORATE AS NEEDED

Is the applicant eligible to continue at your institution? yes no

if yes, are there contingencies to the student's return to campus?

PLEASE USE THE BACK SIDE OF THIS FORM TO ELABORATE AS NEEDED

If yes, would they be eligible to live on campus upon their return? yes no

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SECTION 3: TO BE COMPLETED BY ACADEMIC DEAN, DEAN OF STUDENTS, OR REGISTRAR

Contact information of college official

Name _____

Title _____

Email _____ Phone _____

Signature _____ Date _____

Please return this form directly to:
Office of Admission, Cornell College
600 First Street SW
Mount Vernon, IA 52314

The candidate's application for admission will not be considered until this form is filed with the Office of Admission.

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF THE QUESTIONS FROM PAGE 1, SECTION 2