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 SCHOOL OFFICIAL

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

100 Wartburg Blvd. Waverly, IA 50677 319-352-8264 Fax 319-352-8579 www.wartburg.edu

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