

DEAN OF STUDENTS' RECOMMENDATION FORM

TO THE STUDENT: Please complete and sign this section, then give this form to your Dean of Students.

I, _____ (print your name) grant permission for _____ University to release the following information to the Admissions Office of Wabash College. I understand that this information will be held in confidence.

Check one: ____ Yes, I hereby waive my rights to read or access the information contained on this form.
____ No, I do not waive my rights.

Signature: _____ **Date:** _____

TO THE DEAN OF STUDENTS:

This student is applying for admission as a transfer student to Wabash College. A candid evaluation from you is essential if he is to be given fair consideration. Information contained on this form will be used solely for the purpose of determining his qualification for admission. **This form will be destroyed prior to the applicant's matriculation.**

1. How well and in what capacity have you known this student? _____

2. Please rate his academic performance. _____

3. Please describe his character/integrity. _____

4. Please describe his maturity/independence. _____

5. Has this student been involved in any disciplinary matters? Yes _____ No _____ If yes, please describe the nature of the matter: _____

6. Is this student eligible to return to your institution? Yes _____ No _____ If no, why not? _____

You may use the back of this sheet for additional comments. Thank you for your assistance.

Name: _____ **Date:** _____
(Please print)
Signature: _____ **Title:** _____
College/university: _____ **Phone:**(_____) _____ - _____

Please return this form to the address given below:

ADMISSIONS OFFICE
WABASH COLLEGE
P.O. BOX 352
CRAWFORDSVILLE, IN 47933-0352

TELEPHONE: 800-345-5385
FAX: 765-361-6437
admissions@wabash.edu
www.wabash.edu/admissions/apply/transfer