DEAN OF STUDENTS' RECOMMENDATION FORM

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.

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: __________________________

Name: _________________________________________________ Date: __________________________

(Please print)  Signature: ________________________________ Title: __________________________

College/university: ____________________________ Phone: (          ) - __________________________

Please return this form to the address given below:

ADMISSIONS OFFICE  TELEPHONE: 800-345-5385
WABASH COLLEGE  FAX: 765-361-6437
P.O. BOX 352  admissions@wabash.edu
CRAWFORDSVILLE, IN 47933-0352  www.wabash.edu/admissions/apply/transfer