



Recommendation Form for Transfer Applicants

To complete the transfer application process, please fill-in the top portion of this form. Have the Dean of Students at your current institution complete the bottom portion and return it to the Office of Admission, Endicott College, 376 Hale Street, Beverly, MA 01915. Admission decisions cannot be made without this information.

I, _____, authorize _____
Name of Student College/University currently attending

to release the information requested below.

Student Signature Date XXX - XX -
SSN(last four digits)

Birthdate (mm/dd/yyyy) Entrance Date: Fall Spring Year: _____

To be completed by the Dean of Students (or other comparable official). In considering the application of the above-named student, we would appreciate your response to the questions below. Any information you provide will be kept confidential. Thank you.

1. Is this student eligible to return to your institution in good standing? _____ Yes _____ No
2. Is this student eligible for on-campus housing? _____ Yes _____ No
3. Has this student been cited for disciplinary action? _____ Yes _____ No
If < H please explain on the reverse side.

Signature Date

Print Name Title/Position

Telephone Email Address