

# MORAVIAN UNIVERSITY

## Dean of Student Recommendation for Transfer Admission

To the student: fill in the information about yourself and your school requested below, then email the completed form to the Dean of Students at your college/university.

Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City

State Zip Code County

Institution you are now attending \_\_\_\_\_  
Name

Address \_\_\_\_\_  
Street City State Zip Code

Dates of attendance: from \_\_\_\_\_ to \_\_\_\_\_

This authorizes \_\_\_\_\_  
Name of institution you are now attending

to release to Moravian University the information requested below.

Signature of student \_\_\_\_\_

To the Dean of Students: This student is applying to Moravian University as a transfer student. We appreciate your cooperation in providing us with the confidential information requested below.

Is this student eligible to continue at your institution? \_\_\_\_\_ Yes \_\_\_\_\_ Yes, conditionally \_\_\_\_\_ No

If not yes, please explain \_\_\_\_\_

Has the student been the subject of formal disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Are there any special situations in the student's background that should be considered? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Additional comments/recommendations \_\_\_\_\_

This information is based on \_\_\_\_\_ Records and reports only \_\_\_\_\_ Personal acquaintance  
\_\_\_\_\_ Casual contacts \_\_\_\_\_ Counseling contacts

Thank you. Please return as soon as possible to the Moravian University Enrollment Operations Department by email: [admissionsdata@moravian.edu](mailto:admissionsdata@moravian.edu)

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_