INSTRUCTIONS

Before a decision can be reached by the Admissions Committee, students applying to Siena College from another college or university must complete this Transfer Recommendation Form.

After completing the portion below, the student then submits this form to the registrar or dean of students at the last college attended (if attended within the last five years). If you have not attended college in the last five years, you may have an employer write a letter of recommendation. Once this form is complete, please forward to:

Coordinator of Transfer Admissions
Siena College
515 Loudon Road
Loudonville, NY 12211-1462

STUDENT

1. Name: ____________________________
   Last Name     First Name     Middle Initial     Maiden

2. Home Address: ____________________________
   City           State           Zip

3. Telephone number: (_______) ________________  4. Date of Birth ________________

5. Please indicate briefly why you are transferring to Siena College:
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

6. Name the college and period of attendance covered by this recommendation:
   __________________________________________________
COLLEGE

To be completed by the dean of students or registrar:

Is the student eligible to return to your institution in good standing?  □ Yes □ No

Has the student ever been on academic or social probation?  □ Yes □ No

Is this student eligible to live in residence at your institution?  □ Yes □ No □ Not Applicable

Please use this space for clarification to answers given above and for any information regarding this applicant’s ability to achieve academic success at Siena:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ I recommend this student.

☐ I recommend this student with reservation.

☐ I do not recommend this student.

☐ I prefer to speak to an admissions counselor.

Name (print) ___________________________________________ E-mail ________________________________

Title ________________________________________________ Telephone (__________) ____________________

College address ________________________________________

________________________________________________________________________

Signature ______________________________________________ Date ______________________________

When completed, please mail this form to:

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