

### 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

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### 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:  
\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**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:

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- I recommend this student.
- I recommend this student with reservation.
- I do not recommend this student.
- I prefer to speak to an admissions counselor.

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Name (print) \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

College address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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