

# TRANSFER RECOMMENDATION

Return to:

**OFFICE OF ADMISSIONS**  
**TREVECCA NAZARENE UNIVERSITY**  
 333 Murfreesboro Road • Nashville, TN 37210 • (615) 248-1320



**ATTENTION STUDENT:** Complete the upper portion of this form and forward it to the Dean of Students at the college or university most recently attended. This form must be on file before full acceptance is granted.

I, \_\_\_\_\_, (Social Security No. \_\_\_\_\_)  
*(Please print full name)*

am applying for admission to Trevacca Nazarene University and request that you release the information listed below and return the completed form to the address printed above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Address \_\_\_\_\_

**ATTENTION DEAN OF STUDENTS:** The student listed above is applying for admission to Trevacca Nazarene University. As a private, church-related, liberal arts university, Trevacca is anxious to obtain adequate information concerning those who apply for admission. Please do not return this form to the student, but mail it directly to the University's address indicated above. Thank you for your assistance.

YES	NO	UNKNOWN	PLEASE CHECK ONE BOX ON EACH LINE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has the student been on academic probation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is this student now on academic probation or suspension?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Has the student been on disciplinary probation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the student now on disciplinary probation or suspension?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Is there any reason why he/she is ineligible to return to your institution?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Has the student had any personal adjustment problems requiring professional counseling?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Has the student exhibited irresponsible financial habits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Has the student been convicted of any crime other than minor traffic violations?

**PLEASE CHECK ONE:**

- \_\_\_\_\_ Recommended for admission
- \_\_\_\_\_ Not recommended for admission
- \_\_\_\_\_ Prefer not to make a recommendation
- \_\_\_\_\_ Telephone me

**PLEASE CHECK ONE:**

- \_\_\_\_\_ I am well acquainted with the student.
- \_\_\_\_\_ I am moderately acquainted with the student.
- \_\_\_\_\_ I do not know the student.

Please use this space to explain any yes answer(s). Also, add any other comments which will be of value concerning leadership abilities, personality, special talents, problems, etc.

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

Title \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_