# BERRY COLLEGE

Firsthand

## Transfer Recommendation Form

Berry College Office of Admissions • P.O. Box 490159 • Mount Berry, GA 30149-0159
1.800.BERRYGA (Toll Free) • 706.236.2215 • www.berry.edu/admissions

**To the applicant:** Please fill in your name and address below and then give the recommendation form to an appropriate college or university official (Registrar, Dean of Students, Dean of Academic Services or other suitable official) of the institution(s) in which you are or were enrolled, whether or not you earned credit. Reproduce this form to send to an official at each institution in which you have matriculated.

**To the college or university official:** The student named below, who has attended your institution, has applied for admission to Berry College. In order for our Admission Committee to make an informed review of the applicant's record, we ask that you answer frankly and confidentially the questions below. We are grateful for your cooperation. Please forward the form to the address above in a sealed envelope. If you have any questions, please feel free to call our office.

**To be completed by the student:**

Student name _____
Last/Family First Middle (spell out) Social Security Number

Address _____
Street City State/Province Postal Code

**Reverse side of form to be completed by college official.**

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**To be completed by the college or university official:**

Has the student been disciplined by your institution or elsewhere for academic, social or other reasons? ❒ Yes ❒ No

If so, please explain here or on an additional sheet if necessary:

_____

_____

_____

_____

Is the student eligible to return to your institution? ❒ Yes ❒ No

If no, please indicate why:

_____

_____

_____

_____

Would you like to be contacted for additional information about this student? ❒ Yes ❒ No

Please offer your comments and recommendation regarding this student's ability to complete the academic requirements and to contribute positively to campus life at Berry College.

_____

_____

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_____

_____

_____

Name of official _____ Title _____

Institution _____ Office Phone: _____

Institution address _____
Number and street City County State Zip

Signature _____ Date _____