

# TENNESSEE WESLEYAN COLLEGE

## Transfer Student Recommendation Form

Complete this form and return it to the Dean of Students of the last college or university attended.

I, \_\_\_\_\_, request that you release the information requested  
(your name)  
below to the Office of Enrollment Services at Tennessee Wesleyan College.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_) \_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

### TO BE COMPLETED BY DEAN OF STUDENTS

Has he/she ever received social or disciplinary probation, suspension, or dismissal? Yes \_\_\_\_\_ No \_\_\_\_\_

Has he/she eligible ever received academic probation, suspension or dismissal? Yes \_\_\_\_\_ No \_\_\_\_\_

Is he/she eligible to re-enroll at your institution? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this form to the Office of Enrollment Services at Tennessee Wesleyan College.

