

# TRANSFER RECOMMENDATION FORM



**PART ONE** To be Completed by Applicant and Submitted to Your Current College

Please submit this form to the dean of students or other appropriate official at the college or university you are currently attending. Please note that this form is NOT an academic reference and must be given to the college official charged with maintenance of disciplinary records.

If you are not currently enrolled in a college or university, please have this form completed by the appropriate official at the college or university last attended.

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LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME

MALE  FEMALE

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PREFERRED FIRST NAME DATE OF BIRTH (MM/DD/YYYY) GENDER† SOCIAL SECURITY NUMBER

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PERMANENT HOME MAILING ADDRESS CITY STATE ZIP

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PHONE NUMBER CELL PHONE NUMBER E-MAIL ADDRESS

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STUDENT'S SIGNATURE DATE



A TRANSFER APPLICATION WILL BE CONSIDERED INCOMPLETE WITHOUT THIS FORM.  
SEE REVERSE SIDE FOR PART TWO.

† OPTIONAL

**PART TWO** To be Completed by College Official

To your knowledge, has this student been involved in any disciplinary action at your institution or have there been any questions concerning his/her standards of behavior?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this student eligible to continue at your institution?  YES  NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
OFFICIAL TITLE

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
PHONE NUMBER

**THANK YOU FOR YOUR ASSISTANCE**

This completed form should be sent by the college official to:

Canisius College  
Office of Undergraduate Admissions  
2001 Main Street  
Buffalo, NY 14208-1098