

# transfer evaluation

## to the applicant

**To the Applicant** This form must be submitted to the College of Saint Benedict/Saint John's University before review of your application for admission. Please sign the following release and give the form to your present Dean of Students for completion. **Please print.**

I have applied for admission to the College of Saint Benedict/Saint John's University for the academic term beginning \_\_\_\_\_  
and authorize the release of the following information. \_\_\_\_\_

date

**Applicant name**

last

first

middle

**Applicant mailing address**

street/p.o. box

city

state/province

country

zip/postal code

**Signature**

**Date**

## to the dean of students

The student named above has applied for admission to the College of Saint Benedict/Saint John's University. This Transfer Student Evaluation form must be on file before admission can be considered. Please complete the following questions and return the form to us at the earliest possible date. The Admission Committee is aware of the time that it takes to provide a thoughtful reference and thanks you.

**When you have completed the form please return it to the following address:**

**College of Saint Benedict/Saint John's University  
Admission Office, P.O. Box 7155, Collegeville, MN 56321-7155**

**When was this student in attendance at your college/university?** \_\_\_\_\_

year(s)

**Would this student be readmitted to your college?**  yes  no

**If under special conditions, please explain:**

**Is she/he on probation of any kind?**  yes  no

**If yes, please indicate the nature of the probation:**

➔ Complete other side.

# transfer evaluation

## recommendation

Do you recommend this student for transfer to CSB/SJU?  yes  no

Are you aware of the reason(s) this student is transferring?  yes  no

If yes, please comment:

**Written Evaluation** Indicate information regarding special achievements, awards or leadership positions. Comments on the student's character would be appreciated. Include any other information you think we should know before we make an admission decision on the candidate.

Please use the following space or attach your written evaluation.

### Overall Recommendation

	Not recommended	Without enthusiasm	Fairly strongly	Strongly	Enthusiastically
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For personal character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## signature

**Right of Access** The material submitted in this report is subject to the provisions of the Family Educational Rights and Privacy Act of 1974 that allows enrolled students access to their permanent file. Colleges do not provide access to admission records to applicants who are not enrolled, those students who are denied admission, or those students who decline an offer of admission. Your recommendation will be used only for admission and scholarship purposes and will not become a part of the permanent file.

Signature  Date

Name     
first last position

Phone  Email

Mailing Address   
college/university name

college/university street/p.o. box

college/university city state/province country zip/postal code