

Keene State College

Admissions Office
229 Main Street, Keene, NH 03435-2604
603-358-2276 or 800-KSC-1909
Fax: 603-358-2767
admissions@keene.edu
www.keene.edu

Transfer Applicant Confidential Recommendation Form

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TO THE APPLICANT:

Please complete the first section of this form and forward it to the Dean of Students or the person responsible for student disciplinary records at the college or university you are currently attending. If you are not currently matriculated, this form must be completed by the institution you last attended. Your application will not be considered complete until this form is received. When you request that your current or former college or university complete this form, you are giving your consent to allow the requested information be shared with Keene State College.

Student's Name: _____ Social Security Number: _____

Current Address: _____

I () am attending or () last attended:

Name of college/university: _____

Date(s) of attendance: _____

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TO COLLEGE / UNIVERSITY OFFICIAL:

Please complete the following information on the above-named student, who is applying to Keene State College. The information will be held in strict confidence. Thank you for your assistance. Please return to:

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Keene State College
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Has the student been involved in any serious disciplinary actions at your school? Yes No

Has the student been involved in acts of academic dishonesty? Yes No

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

Please provide any additional commentary that would assist our Admissions Committee in making a decision.

Use the back of this paper if necessary.

Signature: _____ Date: _____

Name (please print): _____ Institution: _____

Title: _____ Phone: _____