Office of Transfer Admission
8 Clarkson Avenue, Box 5610
Potsdam, NY 13699-5610
Phone: 315-268-2125 Fax: 315-268-7647
E-mail: tradmission@clarkson.edu

Dean of Students Recommendation Form

TRANSFER APPLICANT:
This form must be submitted to Clarkson University before final action can be taken on your application for admission. Please complete and sign the student portion and give the form to **your most recent Dean of Students**.

"I have applied to Clarkson University for the academic term beginning _____ and authorize the release of the following information."

_____
Last Name – Please Print First Name, MI Social Security No./College ID

_____
Student's Signature Date

Have you ever been adjudicated delinquent by a juvenile court or convicted of a misdemeanor or felony-level jurisdiction?
☐ Yes ☐ No

If so, please provide further details below, including date, court and nature of charge or conviction.

Please check all that apply: ☐ I am over the age of 25 ☐ I have not taken any college courses in 4 years

If you have checked both boxes, you do not need to complete the rest of this form.

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Education Rights and Privacy Act (FERPA) you **WILL** have access to your recommendation after you matriculate **UNLESS** at least on of the following is true:
1. The institution does not save recommendations post-matriculation.
2. You waive your right to access below:

☐ Yes, I ***do*** waive my right to access, and I understand I will never see this recommendation.

☐ No, I ***do not*** waive my right to access and may someday choose to review this recommendation.

_____
Signature **Date**

DEAN OF STUDENTS: The student named above has applied for admission to Clarkson University. This form must be on file before the student can be considered for admission. PLEASE COMPLETE AND SIGN AS SOON AS POSSIBLE and return it to Clarkson University.

1. Dates of attendance: _____

2. Is this applicant eligible to return to your institution? ☐ Yes ☐ If under special conditions, please explain:

3. Has the applicant been subject to disciplinary action for behavior on or off campus? ☐ Yes ☐ No
If yes, please explain:

4. Is there any information you think we should know before making an admission decision on this candidate?

☐ Please call me about this student.

_____
Signature of Dean Date

_____
Printed Name Daytime Telephone Number

_____
Name of Institution/Job Title Institution Address

PLEASE RETURN TO CLARKSON UNIVERSITY BY FAX AT 315-268-7647 OR BY MAIL USING ABOVE ADDRESS.