



Transfer Student Reference Form

Please complete and return to: Office of Recruitment, Admissions & Retention
Southern University at New Orleans
6400 Press Drive
New Orleans, LA 70126
Fax: 504.284.5481

Student Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

College/university most recently attended _____

Expected date of transfer: _____

My signature indicates the waiver of my right of access to this evaluation that will be entered into my file for admission to Southern University at New Orleans.

Applicant's signature _____ Date of Signature _____

TO BE COMPLETED BY DEAN OF STUDENTS, ADVISOR OR APPROPRIATE ADMINISTRATOR

1. Has this student been under disciplinary censure at any time? ☐ Yes ☐ No

If yes, please give details on the reverse side of this form.

2. This student is (check one of the following):

☐ Eligible to return to this institution

☐ Ineligible to return to this institution

☐ Eligible to return only under special conditions

Please explain ineligibility or conditional eligibility on the reverse side of this form.

3. Considering the applicant's general qualifications, I rate him/her as:

☐ Highly recommended ☐ Recommended ☐ Recommended with Reservation ☐ Not Recommended

School Official's Signature _____ Date of Signature _____

School Official's Name _____ Telephone (_____) _____

Email _____

School Official's Position and Title _____