

### INSTRUCTIONS

Before a decision can be reached by the Admissions Committee, students applying to Siena College from another college or university must complete this Transfer Recommendation Form.

After completing the portion below, submit this form to the registrar or dean of students at the last college attended (if attended within the last five years). If you have not attended college in the last five years, you may have an employer write a letter of recommendation. Once this form is complete, please forward to:

Jen Sloan  
Coordinator of Transfer Admissions  
Siena College  
515 Loudon Road  
Loudonville, NY 12211-1462  
(fax) 518-783-2436  
jsloan@siena.edu

### STUDENT

1. Name: \_\_\_\_\_  
Last Name First Name Middle Initial Maiden

2. Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

3. Telephone number: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Please indicate briefly why you are transferring to Siena College:

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

5. Name the college and period of attendance covered by this recommendation:

\_\_\_\_\_

Your signature authorizes the release of information from the college listed above to Siena College regarding your disciplinary record for the purpose of consideration for admission to Siena College.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**COLLEGE OR UNIVERSITY**

To be completed by the dean of students or registrar:

Is the student eligible to return to your institution in good standing? Yes\_\_\_\_ No\_\_\_\_

Is the student eligible to live in residence at your institution? Yes\_\_\_\_ No\_\_\_\_ Not applicable\_\_\_\_

*If you answered to "No" to either or both questions, please attach a separate document to provide details.*

Has the student ever been found responsible for a disciplinary violation at your school that resulted in the student's probation, suspension, removal, dismissal or expulsion from your institution?

Yes\_\_\_\_ No\_\_\_\_

To your knowledge, has the student ever been convicted of a misdemeanor, felony or other crime?

Yes\_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_

*If you answered "Yes" to either or both questions, please attach a separate document to provide details regarding the approximate date of each incident, incident circumstances and resolution.*

**RECOMMENDATION**

- I recommend this student.
- I recommend this student with reservation.
- I do not recommend this student.
- I prefer to speak to an admissions counselor.
- Not applicable

**COMMENTS (optional):**

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

Name (print)\_\_\_\_\_

Email\_\_\_\_\_

Title\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

College address \_\_\_\_\_

\_\_\_\_\_

Signature\_\_\_\_\_

Date \_\_\_\_\_

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