



Letter of Recommendation Transfer Applicants

Applicant: Complete Section I of this page. Ask a faculty member/employer to complete Section II of this form.

Section I *(To be completed by student)*

Please print or type. **Please do not staple.**

Social Security or UM ID Number: _____

Student Name _____
Last (Family) First Middle Initial

Address _____
*Street Apt. Number Date of Birth _____ / _____ / _____
Month Day Year*

_____ Phone () _____
City State ZIP Code

I am applying as a transfer for: Fall 20__ Spring 20__

I recognize the confidential nature of this document and/or letter(s) of recommendation and I do do not waive my right to access.

Student's Signature _____ Date _____

Section II *(To be completed by a faculty member/employer)*

Please comment on the following items that reference the student's ability and character. Attach additional pages if more space is needed.

(A recommendation letter on official letterhead may replace Section II.)

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability? Yes No

If not, please describe the circumstances.

Counselor Statement:

Please print your name _____ Phone (_____) _____

E-mail address _____

School/Company _____ Signature _____ Date _____