

LETOURNEAU UNIVERSITY

Christian College Transfer Recommendation Form



Please complete and return to:
Office of Admissions, LeTourneau University
P.O. Box 7001, Longview, TX 75607-9971

APPLICANT INFORMATION To applicant: *Complete the Applicant Information section and then have the Dean of Students/Men/Women complete the Evaluation section.*

Name: _____ Phone: _____

Address: _____
street city state ZIP/postal code country

Name of college/university attended: _____

Dates of attendance: From (month/year) _____ to _____

I willingly waive my right to review this recommendation knowing that this waiver is not required as a condition for admission.

Signature: _____ Date: _____

EVALUATION To be completed by the Dean of Students (Men/Women):

CAMPUS INFLUENCE:

Desirable Doubtful Undesirable Unknown

1 Is this student eligible to return to your institution? Yes No Conditionally

If no or conditionally, please explain: _____

2 Are there any previous faculty or student discipline issues? Yes No

If yes, please explain: _____

3 How is the student's interaction with peers? *Same gender?* _____

Opposite gender? _____

4 Has the student been a positive influence in the residence halls? _____

