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? ____________________________

__________________________________________
PHYSICAL HEALTH:

1 □ Poor □ Average □ Excellent

2 Unusual Problems ________________________________

MENTAL HEALTH:

1 □ Stable □ Unstable

2 Unusual Problems ________________________________

SPIRITUAL HEALTH:

1 Please evaluate chapel attendance and Christian commitment: ________________________________

________________________________

2 Interest in spiritual aspects of the school: ________________________________

________________________________

3 Does the student demonstrate a desire to grow spiritually? ________________________________

________________________________

☐ I would like to discuss this recommendation by phone.

REFERENT INFORMATION

Name: ________________________________  Title: ________________________________

College/University: ________________________________

Address: ________________________________  street  city  state  ZIP/postal code  country

Signature: ________________________________

Phone: (_____)____________________  E-mail address: ________________________________