



Antillean Adventist University

Admissions Office

P.O. Box 118

Mayaguez, PR 00681

Tel. (787) 834-9595

Exts. 2261 or 2208

Dean's Recommendation Student of Transference

To the applicant: This recommendation must be properly completed by the Dean of Students or an authorized Representative of the University of origin.

Authorization:

I authorize the Dean of Students or his representative of

_____ (University of Origin)

to send the information required in this form, to the Admissions Office of Antillean Adventist University.

_____ Name

_____ Social Security Number

_____ Student signature

_____ Date

For official use

1. Is the student under academic probation? Yes No
2. Is the student under academic suspension? Yes No
3. Has the student been accused or has been involved in the violation of some norm of your University?
 Yes No
If yes please explain:

4. Is the student eligible to continue studies in your University? Yes No
5. Do you recommend this student to be admitted by another University? Yes No
6. What are the reasons for the student's transfer?

Date: _____ College or

University _____

Signature of the Dean of Students or his Representative

OFFICIAL SEAL

Please send this form directly to:

Antillean Adventist University
Office of Admissions
P.O. Box 118
Mayaguez, PR 00681

* This document is not valid without the official seal of the Institution that sends it.