

# BERRY COLLEGE

Firsthand

## Transfer Recommendation Form

Berry College Office of Admissions • P.O. Box 490159 • Mount Berry, GA 30149-0159  
1.800.BERRYGA (Toll Free) • 706.236.2215 • [www.berry.edu/admissions](http://www.berry.edu/admissions)

**To the applicant:** Please fill in your name and address below and then give the recommendation form to an appropriate college or university official (Registrar, Dean of Students, Dean of Academic Services or other suitable official) of the institution(s) in which you are or were enrolled, whether or not you earned credit. Reproduce this form to send to an official at each institution in which you have matriculated.

**To the college or university official:** The student named below, who has attended your institution, has applied for admission to Berry College. In order for our Admission Committee to make an informed review of the applicant's record, we ask that you answer frankly and confidentially the questions below. We are grateful for your cooperation. Please forward the form to the address above in a sealed envelope. If you have any questions, please feel free to call our office.

### To be completed by the student:

Student name \_\_\_\_\_  
Last/Family                      First                      Middle (spell out)                      Social Security Number

Address \_\_\_\_\_  
Street                      City                      State/Province                      Postal Code

**Reverse side of form to be completed by college official.**

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**To be completed by the college or university official:**

Has the student been disciplined by your institution or elsewhere for academic, social or other reasons?  Yes  No

If so, please explain here or on an additional sheet if necessary:

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Is the student eligible to return to your institution?  Yes  No

If no, please indicate why:

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Would you like to be contacted for additional information about this student?  Yes  No

Please offer your comments and recommendation regarding this student's ability to complete the academic requirements and to contribute positively to campus life at Berry College.

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Name of official \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Office Phone: \_\_\_\_\_

Institution address \_\_\_\_\_  
Number and street City County State Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_