



ACADEMIC TRANSFER RECOMMENDATION

Return completed reference for transfer admission to:
Spring Hill College • Office of Admissions
4000 Dauphin St. • Mobile, Alabama 36608-1791 • (251) 380-3030 • Fax (251) 460-2186

NOTICE TO APPLICANT: Please complete the Personal Information area below. Then give this form to the Academic Dean, Academic Advisor or Faculty Member of the college in which you are currently enrolled (or the college you last attended, if you are not currently enrolled). This person should then mail the completed form to the address above.

PERSONAL INFORMATION

Legal Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ E-mail: _____

TO BE COMPLETED BY COLLEGE OFFICIAL

NOTICE TO The Academic Authority: This student has applied for admission to Spring Hill College. Please help us appraise the applicant's fitness for admission and assist us in offering sound guidance for the student's continuing college days. This information is confidential and access to it is limited by the terms of the Family Educational Rights and Privacy Act of 1974.

Entrance Date: ____/____/____ Withdrawal Date: ____/____/____

Reason for leaving: _____

Would this student be readmitted? : _____ If not, why? _____

This student:

- | | | | |
|--|------------------------------|-----------------------------|---|
| Has been on academic probation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Information |
| Is currently on academic probation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Information |
| Has had disciplinary problems in school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Information |
| Is currently on disciplinary probation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Information |
| Has special physical or mental health problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Information |

Please explain any yes answer: _____

We would appreciate any other data that you feel may be helpful in counseling with this student. _____

Information based on: Records and reports only Personal acquaintance Casual contacts Counseling contacts

Recommendation for admission to Spring Hill: Recommend Recommend with reservations Do not recommend

Signed _____ Date _____

School _____ Title _____