

CALIFORNIA BAPTIST UNIVERSITY TRANSFER REFERRAL FORM

TO THE APPLICANT: Please complete and sign the top part of this form and submit it, along with a stamped envelope addressed to the California Baptist University Admissions Office, to the dean of students (or equivalent) of the last college you attended. This form should be sent directly from the dean to the address below.

Applicant's Name _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

Address _____

City _____ State _____ Zip _____

I hereby request that (*Name of College or University*) _____ complete this form. It will be used in the application process and will become a part of my records at California Baptist University.

(SIGNATURE) (DATE)

TO BE COMPLETED BY THE DEAN OF STUDENTS:

1. Dates of enrollment at your institution: _____ to _____
(MONTH) (YEAR) (MONTH) (YEAR)
2. Would the student be permitted to continue at your institution? Yes No
3. Has there been any record of disciplinary action? Yes No
4. Has there been any emotional or physical problem which should be brought to our attention?
 Yes No If yes, please explain: _____
5. Would you: Highly recommend Recommend Recommend with reservation
 Not recommend the applicant for admission to California Baptist University.
 Other _____
5. The foregoing information is based on:
 Records and Reports Only Casual Contacts
 Personal Acquaintance Firsthand Knowledge

The Admissions Office welcomes any additional comments you think would be helpful to this admissions process. Thank you for taking the time to complete this form.

(PRINTED NAME) (TITLE) (PHONE)

(SIGNATURE) (DATE)

Admissions Office, California Baptist University, 8432 Magnolia Avenue, Riverside, CA 92504 (909) 343-4212