



HENDRIX

DEAN OF STUDENT AFFAIRS RECOMMENDATION FORM

Applicant: Complete Part I

School Official: Complete Part II

The prospective transfer student should forward this form to the Dean of Student Affairs at the institution from which the student wishes to transfer. If the student is not currently enrolled at a college or university, this form should be forwarded to the institution at which the student was most recently a full-time student. This form must be returned to the Hendrix College Office of Admission. It should **not** be returned by the student.

PART 1 - To be completed by the student

Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

PART 2 - To be completed by the Dean of Student Affairs

1. Has this student been on disciplinary probation or received official censure at any time?
 Yes No If yes, please explain on the reverse side of this form.
2. Do you have knowledge of any physical or mental health problems that this student has had about which our student affairs office should be apprised in order to provide essential service?
 Yes No If yes, please explain on the reverse side of this form.
3. Is this student eligible to continue in good standing at your school?
 Yes No If no, please explain on the reverse side of this form.
4. Do you recommend the above-named student for admission to Hendrix?
 Yes No If no, please explain on the reverse side of this form.

College or University Name: _____

College or University Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Printed Name: _____ Position: _____

Signature: _____ Date: _____

Return form to:

OFFICE OF ADMISSION

1600 Washington Avenue • Conway, Arkansas 72032-3080

PHONE: 501-450-1362 or 800-277-9017 • FAX: 501-450-3843 • E-MAIL: adm@hendrix.edu • WEB: www.hendrix.edu