

DEAN OF STUDENTS CERTIFICATION AND RECOMMENDATION FORM

TO THE TRANSFER APPLICANT:

Please complete this section and submit this form to the dean of students at each institution you have attended. Your signature authorizes the release of information regarding your disciplinary record. Failure to submit this form will prohibit review of your application. If you have been involved in any disciplinary action at a previous institution, we strongly encourage you to submit a detailed statement explaining the incident. The completed form must be sent directly to the address listed above or emailed to applicationupdate@hofstra.edu.

Applicant Information

LAST NAME/SURNAME			FIRST NAME	MIDDLE NAME
PERMANENT MAILING ADDRESS LINE 1				
PERMANENT MAILING ADDRESS LINE 2 (IF APPLICABLE)				
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
()	()			
HOME PHONE NUMBER	CELL PHONE NUMBER	INTERNATIONAL PHONE NUMBER (IF APPLICABLE)		
APPLICANT SIGNATURE (TO AUTHORIZE RELEASE OF STUDENT DISCIPLINARY RECORDS)				DATE

TO THE EVALUATOR:

This form is to be completed only by a campus official who has access to and is authorized to release information on disciplinary records. This is not an academic recommendation. Please complete the following information regarding the above-named student, who is applying for transfer admission to Hofstra University. You may use a separate sheet of paper or the reverse side of this form for additional comments.

- DO YOU HAVE ACCESS TO STUDENT DISCIPLINARY RECORDS? Yes No
- HAS THE APPLICANT BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION FOR CONDUCT AT YOUR INSTITUTION EITHER ON CAMPUS OR OFF CAMPUS? (If "Yes," please explain briefly on the reverse side or a separate sheet of paper.) Yes No
- IS THE APPLICANT ELIGIBLE TO RETURN TO YOUR INSTITUTION? Yes No
- HAS THE APPLICANT BEEN SUSPENDED, DISMISSED, EXPELLED, OR FORCED TO WITHDRAW FROM YOUR INSTITUTION FOR DISCIPLINARY REASONS? Yes No
- HOW LONG HAS THE APPLICANT ATTENDED YOUR INSTITUTION? _____
- TO THE BEST OF YOUR KNOWLEDGE, ARE THERE ANY FACTORS THAT WOULD INTERFERE WITH THIS APPLICANT'S ABILITY TO MAKE TYPICAL PROGRESS TOWARD EARNING A DEGREE? (If "Yes," please explain briefly on the reverse side or a separate sheet of paper.) Yes No

Signature	Date
Name (Please print.)	Title/Position
School	Telephone
Email	

