

TRANSFER RECOMMENDATION



Nyack, New York Campus

One South Boulevard • Nyack, NY 10960-3698

1-800-33-NYACK • Fax 845-358-3047

admissions@nyack.edu • www.nyack.edu

Check here if you are applying to the **Nyack, New York Campus**



New York City Campus

335 Broadway/93 Worth Street • New York, NY 10013-3904

1-877-626-2236 • Fax 212-343-2668

admissions.nyc@nyack.edu • www.nyack.edu

Check here if you are applying to the **New York City Campus**

Student Information please print clearly

Please complete this section and present this form to the Dean of Students or Director of Student Affairs.

NAME: FIRST, MIDDLE, LAST _____

ADDRESS _____

CITY, STATE, ZIP, COUNTRY _____

PHONE _____

E-MAIL ADDRESS _____

Enrollment Date:

Fall 20 _____ Spring 20 _____ Summer 20 _____

Name of College/University Attended _____ Dates Attended _____
MM/YY - MM/YY

Reason for Transfer _____

I hereby authorize the release of the information requested below in order to be considered for admission.

Student's Signature: _____

DATE

I waive my right to review the comments below and realize that the information will be treated in strict confidence.

Student's Signature: _____

DATE

To be completed by the Dean of Students or Director of Student Affairs please print clearly

Was the student subject to any disciplinary action at your institution? Yes No

If Yes, please describe action taken.

Is this student eligible for immediate readmission to your school? Yes No

Do you have any specific comments concerning the applicant's attitude toward authority, rules and other students?

Signature of Dean of Students or Director of Student Affairs:

SIGNATURE

TITLE

DATE

Please mail this form to the appropriate address above, attention Office of Admissions.