SOUTHERN UNIVERSITY AND AGRICULTURAL & MECHANICAL COLLEGE

REGISTRAR'S OFFICE
Web: www.subr.edu/registrar | **Email:** registrar@subr.edu | **Phone:** (225) 771-5050

TRANSFER STUDENT REFERENCE FORM

_____ _____ _____
Student S# **Last Name** **First Name**

_____
Mailing Address

_____ _____ _____ (_____)_____
City State Zip Phone

College /University most recently attended: _____

Semester expected to transfer: _____

I understand that this evaluation will be entered into my file for admission at Southern University and A&M College.

_____ _____
Student Signature Date

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TO BE COMPLETED BY THE DEAN OF STUDENTS (OR APPROPRIATE STUDENT CONDUCT ADMINISTRATOR) FOR PAST INSTITUTION

1. **Has this student been under disciplinary censure at any time? _____Yes _____ No**
   If yes, please include details on the censure including any relevant documents.

2. **Regarding this individual's status as a student (check one of the following):**

   _____ **Eligible to return to this institution**

   _____ **Ineligible to return to this institution (Please explain)**

   _____ **Eligible to return under special circumstances (Please explain)**

3. **Considering the applicant's general qualifications, I rate him/her as :**

   ____ **Highly Recommended** ____**Recommended** ____ **Recommended with Reservation** _____**Not Recommended**

Name of School Official: _____

Title: _____ **Email:** _____

_____ _____
Signature of Official **Date**

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For Southern University Use Only

Recommended for Admission _____

Comments: _____