DEAN OF STUDENTS
RECOMMENDATION

Office of Admissions
2501 N. Blackwelder
Oklahoma City, OK 73106
(405) 208-5050

APPLICANT

Complete the section below and give this form to the dean of students of the college or university that you currently attend or that you last attended. Print or type. This form must be submitted by the Dean of Students directly to the Office of Admissions by fax at **(405) 208-5916** or by mail at the address above.

Full Name _____
First Middle Last

Mailing Address _____

City _____ State _____ Zip _____ Country (if not USA) _____

Please sign and date the following statement:

I am an applicant for admissions to **Oklahoma City University** and am aware of my rights provided by the **Federal Educational Rights and Privacy Act of 1974**.
I authorize you to release the information from my records to **Oklahoma City University**.

Signature _____ Date _____

DEAN OF STUDENTS

The person named above is applying for admission to **Oklahoma City University**. **Oklahoma City University** requires all transfer students to send a recommendation from the dean of students from the college(s) they previously attended, attesting to the student's disciplinary (non-academic) standing.
Any information you provide will help us to evaluate the applicant.

When was the student in attendance at your college/university? _____
Has this student withdrawn in "good academic standing?" ☐Yes ☐No
Is this student eligible to continue at your college/university? ☐Yes ☐No
If under special conditions, please explain: _____
_____
_____

Was this student ever on disciplinary probation? ☐Yes ☐No
If yes, please indicate the nature of probation: _____
_____
_____

Is there any other information you think we should know before we make and admission decision on this student's application? _____
_____

OKLAHOMA CITY UNIVERSITY

DEAN OF STUDENTS RECOMMENDATION

The information you have provided is based upon: ☐ a file ☐ personal knowledge

Recommendation:

- ☐ Highly Recommended
- ☐ Recommended
- ☐ Recommended with Reservations
- ☐ Do Not Recommend
- ☐ This person does not have a discipline file on record and I do not have personal knowledge sufficient to make a positive or negative recommendation.

Your Name _____ Position _____
(print or type)

Length of time acquainted with the applicant _____

Telephone (_____) _____ Email _____

College/University Name _____

Mailing Address _____

City _____ State _____ Zip _____ Country (if not USA) _____

Signature _____ Date _____

Additional Comments (*optional*) _____