



Office of Undergraduate
Admissions
2501 N. Blackwelder
Oklahoma City, OK 73106

DEAN OF STUDENTS' RECOMMENDATION

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 Undergraduate 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) _____

Program: Undergraduate

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.

Name _____
PRINT OR TYPE

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 can 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Has this student withdrawn in "good academic standing?"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 an admission decision on this student's application? _____

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 _____
AREA CODE

College/University Name _____

Mailing Address _____

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

Signature _____ Date _____