



**Inter American University of Puerto Rico**  
 Aguadilla Campus  
 Admissions Office  
 P.O. Box 20,000  
 Aguadilla, PR 00605

## Dean's Recommendation Transfer Student

**To the Applicant:** This recommendation must be filled by the Student's Dean or an authorized representative of the previous university(ies) you have attended.

**Authorization:**

I, \_\_\_\_\_, hereby authorize the Dean of Students or authorized representative to give the information that appears on this form to the Aguadilla Campus Admissions Office of the Inter American University of Puerto Rico.

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**For Official Use**

- 1. Is the student on academic probation?  Yes  No
- 2. Is the student on academic suspension?  Yes  No
- 3. Has the applicant been accused of or involved in any violation of college regulations?  Yes  No

Explain: \_\_\_\_\_

- 4. Is the candidate eligible to continue his studies?  Yes  No
- 5. Do you recommend this student to be admitted to other University?  Yes  No

6. What are the reasons for the transfer?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Stamp

\_\_\_\_\_  
 Dean of Students or Authorized Representative Signature

\_\_\_\_\_  
 Date

Please mail to:  
 Inter American University of Puerto Rico • Aguadilla Campus • Admissions Office  
 P. O. Box 20,000 • Aguadilla, PR 00605