



Inter American University of Puerto Rico
 Recinto de Aguadilla
 Oficina de Admisiones
 P.O. BOX 20,00
 Aguadilla, PR00605

**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 for to the Aguadilla Campus Admissions Office of the Inter Americana 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? | 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