



**OFFICE OF ADMISSION**

6081 College Lane  
Jamestown ND 58405  
Toll free 1-800-336-2554  
P 701-252-3467  
F 701-253-4318  
E-mail: admission@uj.edu  
**www.uj.edu**

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**Transfer Recommendation Form**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of student authorizing release of requested information \_\_\_\_\_

Dated: \_\_\_\_\_

The above student has applied for admission to University of Jamestown. In considering this application, we are concerned with personal as well as academic qualifications.

Please fill out the following to the best of your ability. Your comments below will be helpful to us in admission and counseling. Please return the completed form to:

**University of Jamestown**  
6081 College Lane  
Jamestown, ND 58405

1. Has this student been subject to any disciplinary action? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain:

2. Have there been any questions concerning this student's behavior? \_\_\_\_\_ yes \_\_\_\_\_ no  
Comments:

3. Could this student continue attending your institution? \_\_\_\_\_ yes \_\_\_\_\_ no  
Comments:

Additional Comments:

\_\_\_\_\_  
Name of person completing this form – please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address