



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

Transfer Recommendation Form

Name of Student _____ Social Security Number _____

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