



TRANSFER RECOMMENDATION

APPLICANT'S SECTION

Please complete the top section of this form and forward it to someone in the appropriate category: Dean of Students or Registrar. This form must be on file before full acceptance is granted.

Name: _____ Signature: _____

Address: _____
Street City State Zip Code

College/University: _____ Date(s) Attended: _____

COLLEGE/UNIVERSITY OFFICIAL'S SECTION

The above named student is applying for admission to Mount Vernon Nazarene University. As a church supported, private, liberal arts university with lifestyle guidelines, MVNU is uniquely interested in obtaining background information concerning those who apply for admission to determine compatibility with our guidelines.

YES NO UNKNOWN

____ Has the student been or is he/she currently on academic probation/suspension?
____ Has the student been or is he/she currently on disciplinary probation /suspension?
____ Is there any reason why he/she is ineligible to return to your institution?

(Please use the back of this form to comment on any "Yes" answers. Also, please feel free to add any other comments that could be of value.)

Please check one:

____ Recommend for admission
____ Recommend with reservation
____ Not recommended for admission
____ Please telephone me

Please check one:

____ I am personally acquainted with the student
____ Information provided is based on records or comments from other faculty, counselors, etc.

Signature: _____

Title: _____

Institution: _____

Address: _____

**Please return to:
Admissions Office
Mount Vernon Nazarene University
800 Martinsburg Road
Mount Vernon, Ohio 43050**

1-866-462-MVNU or (740) 397-9000 ext. 4513
admissions.mvnu.edu E-mail: admissions@mvnu.edu