



Inter American University of Puerto Rico
Ponce Campus
Admissions Office

INTER Ponce

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DEAN OF STUDENTS AFFAIRS RECOMMENDATION FORM TRANSFERRED STUDENTS

Part A: Applicant's authorization:

1. _____
Father's surname Mother's surname First name

2. Social Security _____ - _____ - _____ 3. Telephone number _____ - _____ - _____

Send to: Inter American University of Puerto Rico
Ponce Campus - Admissions Office
104 Industrial Park Turpo RD 1
Mercedita, PR 00715-1602

I hereby authorize the Dean of Students Office or designated to send the request information to the Admissions Office of Inter American University of Puerto Rico, Ponce Campus.
Please print the name of Institution:

Student Signature

Date

Part B: Dean of Student Office:

1. ¿Was the student involved in any disciplinary action at your Institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. ¿Do you recommended this applicant to be admitted at the Inter American University of Puerto Rico?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. ¿Is the student eligible to be readmitted at your Institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. ¿Does the student offer any reason to transfer from your Institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Comments: _____

Signature (Dean of Students)

Date

Please, sign in original and place the official stamp