Inter American University of Puerto Rico
Ponce Campus
Admissions Office

INTER Ponce INTER Ponce

DEAN OF STUDENTS AFFAIRS RECOMMENDATION FORM TRANSFERED 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 Turpeaux Industrial Park
Mercedita, PR 00715-1602

I hereby authorize the Dean of Students Affairs 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* ❑	*NO* ❑
2.	*¿Do you recommended this applicant to be admitted at the Inter American University of Puerto Rico?*	*YES* ❑	*NO* ❑
3.	*¿Is the student eligible to be readmitted at your Institution?*	*YES* ❑	*NO* ❑
4.	*¿Does the student offer any reason to transfer from your Institution?*	*YES* ❑	*NO* ❑

Comments: _____

_____

_____

_____ _____

Signature (Dean of Students) *Date*

Please, sign in blue ink and place the official stamp