

# WESLEYAN COLLEGE ADVISOR RECOMMENDATION (TRANSFER STUDENT APPLICANTS)

## TO BE COMPLETED BY THE APPLICANT

Please make writing this recommendation as easy as possible for your advisor by completing the section below.

Legal name \_\_\_\_\_  
Last (Enter name exactly as it appears on official documents.) First Middle (complete)

Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_  
mm/dd/yyyy (Optional)

Address \_\_\_\_\_  
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

College/university you now attend \_\_\_\_\_ CEEB/ACT code \_\_\_\_\_

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many college credits have you earned prior to this academic year? \_\_\_\_\_  
 How many college credits will you earn this academic year? \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf unless you waive your right to access.

- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.  
 No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize all colleges and universities I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY THE COLLEGE OFFICIAL OR ADVISOR

Use this form to describe the applicant. The materials submitted in this report are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). Your recommendation will be used only for admission purposes and will not become part of the student's permanent record. Return this form to: Office of Admission, Wesleyan College, 4760 Forsyth Road, Macon, Georgia 31210-4462, Fax: 478-757-4030. Thank you for your time.

College official's name (Mr./Ms./Dr., etc.) \_\_\_\_\_  
Please print or type

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Title \_\_\_\_\_ College or university \_\_\_\_\_

College or university address \_\_\_\_\_  
City/Town State/Province Country ZIP/Postal Code

College official's phone (\_\_\_\_) \_\_\_\_\_ College official's fax (\_\_\_\_) \_\_\_\_\_  
Area Code Number Ext. Area Code Number Ext.

College or university CEEB/ACT code \_\_\_\_\_ College official's e-mail \_\_\_\_\_  
mm/dd/yyyy

