INTERNAL TRANSFER RECOMMENDATION

Applicant: Please complete this section and give the form directly to your faculty recommender.

NAME: ____________________________ CUID: __________ DATE: ______________

Sign your name next to the statement that applies.

______________________________ I waive my rights of access to this recommendation.

______________________________ I do not waive my rights of access to this recommendation and wish to view it upon request.

Faculty Recommender:

Thank you for completing the questions below. This form is due no later than the last day of classes. Please give the completed form to the applicant in a sealed envelope or send it via campus mail to:

Monica McFall, Internal Transfer Assistant
Office of Undergraduate Admissions and Advising
College of Arts & Sciences
172 Goldwin Smith Hall

You may also scan the completed form and send to mm894@cornell.edu

1. Briefly explain your relationship with the above named applicant. How long have you known him/her?

2. Describe your experience with this student. Was he/she engaged in your coursework? Were assignments on time? Did he/she produce high-quality work?

3. Is there any additional information that you would like to share about this student?

4. Please check one:
   ______ I recommend this student for transfer into A&S most enthusiastically and without reservations.
   ______ I recommend this student for transfer into A&S.
   ______ This student will need extra support in the college if selected for transfer.
   ______ I cannot recommend this student for transfer into A&S at this time based on academic or other reasons.

Print Name________________________________________________________
Signature__________________________________________________________
Preferred Contact (phone or email address)________________________________