

Office of the Registrar
T.H. Harris Hall
PO Box 9454
Baton Rouge, LA 70813



Phone: (225) 771-5050
Fax: (225) 771-5659
Web: www.subr.edu/registrar

Transfer Student Reference Form

Please complete this form and return to:
Southern University and A&M College
Office of the Registrar
PO Box 9454
Baton Rouge, LA 70813
Fax: (225) 771-5064

STUDENT INFORMATION

Name: _____ Date of Birth: _____

S- Number: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

College/University most recently attended: _____

Semester expected to transfer: _____

I understand that this evaluation will be entered into my file for admission at Southern University and A&M College.

Signature of Student

Date

TO BE COMPLETED BY THE DEAN OF STUDENTS (OR APPROPRIATE STUDENT CONDUCT ADMINISTRATOR) FROM PAST INSTITUTION

1. Has this student been under disciplinary censure at any time? ☐ Yes ☐ No
If yes, please include details on the censure including any relevant documents.

2. Regarding this individual's status as a student (check one of the following):

- ☐ Eligible to return to this institution
☐ Ineligible to return to this institution (Please explain)
☐ Eligible to return under special circumstances (Please explain)

3. Considering the applicant's general qualifications, I rate him/her as:

☐ Highly Recommended ☐ Recommended ☐ Recommended with Reservation ☐ Not Recommended

Name of School Official: _____ Phone: _____

Title: _____ Email: _____

Signature of Official

Date

FOR SOUTHERN UNIVERSITY USE ONLY

Recommended for Admission: _____

Comments: _____