



INTER AMERICAN UNIVERSITY OF PUERTO RICO  
SAN GERMAN CAMPUS  
Admissions Office  
PO BOX 5100  
San Germán, Puerto Rico 00683-9801

**DEAN'S RECOMMENDATION TRANSFER STUDENT**

To the Applicant: This recommendation must be filled by the **DEAN OF STUDENTS AFFAIRS** or an authorized representative of the previous university attended.

Authorization:

I, \_\_\_\_\_, SS: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_, hereby authorize  
Name (please print)

the Dean of Students or authorized representative \_\_\_\_\_

Previous institution name (please print)

To give the information that appears on this form to the Admissions Office of the San German Campus of the Inter American University of Puerto Rico.

**Student signature:**

**Date:**

**FOR OFFICIAL USE ONLY**

1. Is the student on academic probation  Yes  No
2. Is the student on academic suspension?  Yes  No
3. The student, has been accused of or involved in any violation of college regulations?  Yes  No
4. The student, is eligible to continue his studies?  Yes  No
5. Do you recommend this student to be admitted to our institution?  Yes  No
6. What are the reasons for the transfer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean of Students or Authorized  
Representative Signature

\_\_\_\_\_  
Official Institution Seal

\_\_\_\_\_  
Date