Gannon University Transfer Recommendation Form

Applicants:

Please complete the top portion of this form and submit it to the Dean of Students of the most recent college attended. This form may be duplicated if needed. The completed form can be faxed to 814-871-5803 or emailed to theisen008@gannon.edu.

Last Name	First Name (Formal)	Middle Name	Suffix	Social Security Number	
Other last name(s) under which your	transcript(s) might be submitted				
Address (Number and Street)	City	State	State Zip/Postal Code		
Current/Last School Attended					
Date of attendance					
The Family Educational Rights and In an effort to expedite my transfer,					
Signature	Date				
	has applied for admission to Gannon Uf Admissions • Gannon University • 109 //return to your institution? Yes	University Square • Erie,			
Comments					
2. Has this student been dismissed fro	om your institution? Academically 🗆	Yes 🗖 No Disci	plinary 🗖 Ye	es 🗆 No	
Comments					
3. Has there been any type of non-aca	ademic disciplinary action with regard	d to this student? \square Yes	□ No		
Comments					
4. Has there been any reason to quest	tion this student's emotional stability?	Yes No			
Comments					
Name					
Title	Institu	tion	ən		
Telephone Number (Including Area C	Code) Signati	ure		 Date	

