

TRANSFER APPLICATION ACADEMIC RECOMMENDATION

To be completed by applicant

Name of Applicant:			
NUMBER AND STREET	CITY	STATE	ZIP
Phone Number:		E-mail:	
Sirthdate] Anticipated PLU start dat	e: 🗅 Summer 🗅 Fall 🖵 Januar	y Term 🖵 Spring (year)
	Education Rights and Privacy Act of placed in the applicant's admission		
Do you waive the right to be sho I Yes I No	own information on this form, whic	h is to be used for undergradua	ate admission purposes only.
NAME OF APPLICANT (P	RINT) SIGN	ATURE OF APPLICANT	DATE
To be completed by resp Name :			sor or a mentor.) Please print.
chool/Organization:		Title:	
OFFICE ADDRESS	CITY	STATE	ZIP
Office Phone:	E-mail:		

SIGNATURE OF RESPONDENT

DATE

Please respond to the following questions, which will be considered in the application and scholarship process. PLU welcomes the inclusion of letters of recommendation in an applicant's admission file.

How long have you known the applicant and in what context? If you have had the student in your class, please list the courses you have taught this student.

What four words would you use to describe this applicant?

(continued on back page)

_____/ ____/ _____/ _____/ _____/

PACIFIC LUTHERAN UNIVERSITY TRANSFER APPLICATION

Do you believe that the applicant's academic record is reflective of his or her ability? 🛛 Yes 🖓 No
In 3-5 sentences, please comment on this applicant's academic record and their ability to succeed in a rigorous baccalaureate program.
How familiar are you with PLU?
I am a PLU alum I know PLU well I am familiar with PLU I know very little about PLU
Do you recommend this applicant for admission to PLU? Without reservation Yes Yes, but with concern No

Please return to: Office of Admission, Pacific Lutheran University, 12180 Park Street S., Tacoma, Washington 98447 Fax: 253-536-5136 or admission@plu.edu