LYNN UNIVERSITY

BOCA RATON, FLORIDA

DEAN OF STUDENTS RECOMMENDATION FORM

STUDENT: Please complete the portion above the dotted line; then send the entire form to the Dean of Students at the college or university you last attended.

Student's Name: _____ Social Security #: _____

Permanent Address: _____

_____

I authorize you to release the information requested below to the Office of Admissions, Lynn University, Boca Raton, FL 33431.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY DEAN OF STUDENTS AT LAST SCHOOL ATTENDED:

Date student last attended your school: _____
Semester Year

Has the above student ever been disciplined, placed on probation, or suspended for:

academic reasons ☐ disciplinary reasons ☐ financial reasons ☐ other ☐

If you checked any of the above, please explain: _____

_____

_____

Is the student eligible to re-enter your institution at the beginning of the next scheduled term?

Yes ☐ No ☐ If "no," please explain: _____

_____

Is there any information of a confidential nature that we should have pertaining to this student before determining his/her eligibility for admission to Lynn University?

_____

What is your estimate of the student's future success in college?

little success ☐ may encounter difficulty ☐ average ☐ above average ☐ superior ☐

Specific recommendation: recommended ☐ not recommended ☐ prefer not to answer ☐

Name: _____ Title: _____

Signature: _____ Date: _____

College or University: _____ Telephone: _____

Please return to:

OFFICE OF ADMISSIONS
3601 North Military Trail, Boca Raton, FL 33431-5598
Tel: (561) 237-7900 or (800) 888-LYNN Fax: (561) 237-7100
admission@lynn.edu