

academic adviser or dean recommendation form

SUBMIT TO: SIMMONS COLLEGE OFFICE OF UNDERGRADUATE ADMISSION 300 THE FENWAY BOSTON, MA 02115-5898
TEL: 617-521-2051 800-345-8468 FAX: 617-521-3190 EMAIL: UGADM@SIMMONS.EDU WEBSITE: WWW.SIMMONS.EDU

TO BE COMPLETED BY APPLICANT

Applicant Information

Applicant: After filling in your name and address below, please ask your academic adviser or dean to complete the remainder of the form and mail it directly to the Simmons College Office of Undergraduate Admission. Please provide the adviser or dean with a stamped envelope addressed to Simmons.

I am applying as a transfer student for entry in:

- Fall (deadline: April 1)
 Spring (deadline: December 1)

Name _____
last first middle

Home address _____
street apt. or p.o. box number

city state zip

Home telephone _____ Cell phone number _____

Email address _____ Date of birth _____
month day year

College or university name _____

Under the provisions of the Family Educational Rights and Privacy Act,

- I waive my right of access to this recommendation.
 I retain my right of access to this recommendation.

signature _____ date _____

TO BE COMPLETED BY ACADEMIC ADVISER OR DEAN

The student named above has applied for transfer admission to Simmons College. The Admission Committee reads this form carefully and considers your comments to be very important. Thank you for your cooperation on behalf of this student.

Adviser or dean's name _____

Title _____

Complete college or university name _____

College or university address _____
street city state zip

Telephone _____ Cell phone number _____

Email address _____ Fax number _____

