COLLEGE OFFICIAL'S REPORT



FOR THE APPLICANT Full Name:	
Birthdate:	
FOR THE COLLEGE OFFICE Name / Title:	CIAL
Email / Phone:	
Website / Profile:	
Institution / CEEB:	
Address:	
ACADEMICS Cumulative GPA:	on a scale, covering a period from (mm/yyyy) to
This GPA is:	□ Weighted □ Unweighted
School's Passing Mark: Graduation:	(mm/dd/yyyy)
Is this applicant eligible If you answered "no" to Has the applicant ever be academic misconduct or removal, dismissal or expensed to the property of the pr	to return to your institution?
I recommend this student:	\square No Basis \square With Reservation \square Fairly Strongly \square Strongly \square Enthusiastically
Signature:	Date:
MAIL	accompanying documents to: SCAN & EMAIL Desired to the control of the control o

Susquehanna University Attn: Office of Admission 514 University Ave. Selinsgrove, PA 17870 Reuben Councill Senior Associate Director of Transfer Admission councillreuben@susqu.edu