



Student Academic Support Services Center
Dartmouth College
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Email: Undergraduate.Deans.Office@Dartmouth.Edu

RETURN RECOMMENDATION

Recommendations from family members or peers are not normally accepted.

Name _____

Student Name _____

Date _____

Address

Phone numbers (day) _____ (evening) _____

Alternate e-mail address _____

1. What is your understanding of why and when the student left Dartmouth?

2. In what capacity have you interacted with this student during their time away from the College?

3. Why do you believe this student is now ready to return to school and complete their education in an uninterrupted manner? Please comment on aspects such as maturity, time management, dealing with stress, etc.

4. In your observations, what has the student learned about themselves during their time away?

5. In your opinion, how can the institution best support their successful transition back to Dartmouth?

Signed: _____

For office use only:

Date received: _____

Dean: _____

Reviewed by: _____