



## COURSES IN PROGRESS INVENTORY FOR UNDERGRADUATE TRANSFER APPLICANTS

**TO THE APPLICANT: PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED**

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH (MONTH/DAY/YEAR)
PERMANENT ADDRESS: (STREET, CITY, STATE, ZIP CODE)			
CURRICULUM TO WHICH YOU SEEK ADMISSION:	DEGREE PROGRAM	MAJOR	DATE YOU EXPECT TO TRANSFER (MONTH/DAY/YEAR)

List all courses which you are taking during the current academic term or which you expect to complete before transfer.  
Indicate proposed courses with an asterisk (\*).

Course Number	Course Title	Semester Mo./Yr.	Credit Hours

Course Number	Course Title	Semester Mo./Yr.	Credit Hours

SIGNATURE OF APPLICANT	DATE
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**TO THE COLLEGE:** The above named student, who has attended your institution, is applying for transfer to the college named above. Please provide the information asked for and return the completed form to the DIRECTOR OF ADMISSIONS at the college named above.

DATE OF ATTENDANCE AT COLLEGE:	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	DEGREE STUDENT WILL RECEIVE BY TIME OF TRANSFER	IS ABOVE NAMED STUDENT RECOMMENDED/ <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF TRANSFER COUNSELOR			PHONE NUMBER	
SIGNATURE OF MAJOR ADVISOR			PHONE NUMBER	
COLLEGE NAME				
COLLEGE ADDRESS (STREET, CITY, STATE, ZIP CODE)				

**APPLICANT:** Complete the following tab, detach and deliver to the registrar at the college completing this form. If the college charges a transcripts fee, enclose the fee with this tab.

**REGISTRAR:** Please mail an official transcript directly to the Director of Admissions at the college named below for the following student:

NAME: <input type="checkbox"/> MR.      LAST	FIRST	MIDDLE	SIGNATURE OF APPLICANT
<input type="checkbox"/> MRS.			
<input type="checkbox"/> MISS			

