

VERIFICATION OF INTENT TO EARN ASSOCIATE OF ARTS/SCIENCE DEGREE - TRANSFER¹

Print all information legibly.

Student Name²: _____		
Last	First	M.I.
Student ID#: _____		Month/Day of Birth: _____
Community College ID#		mm/dd
Mailing Address: _____		
No.	Street	Apt.

City	State	Zip Code

Email Address	Primary Phone Number	

Student Signature³: _____		Date: _____
<p>1. Information regarding completion of qualifying AA-T/AS-T will be considered self-reported until verified by a community college transcript documenting completion of degree.</p> <p>2. Legal name under which a student applied to a CSU campus should be listed.</p> <p>3. Your signature indicates that you have applied for admission to one or more CSU campuses with the intent to earn an AA-T /AS-T Associate Degree in Transfer at a California Community College prior to CSU enrollment.</p> <p>Following completion of your AA-T/AS-T degree evaluation, submit a copy of this form to the admissions office at each CSU campus to which you have applied. Forms should be submitted Attn: Admissions. For CSU campus addresses, please visit www.calstate.edu/transfer.</p>		

Community College Use Only:		
California Community College, degree name, major name, and term/year in which the Associate Degree for Transfer (AA-T/AS-T) will be earned:		
_____	_____	_____
<i>California Community College</i>	<i>Degree/Major Name</i>	<i>Term /Year</i>
<p>Courses required for the degree will be completed: Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p><i>By signing this form, the official at the community college at which the student intends to earn the AA-T/AS-T degree is verifying that the student has completed more than half of the graduation requirements for the degree and could complete the degree within the remaining standard academic terms prior to transfer.</i></p> <p>Evaluator Signature: _____ Date: _____</p> <p>Evaluator Printed Name: _____ Title: _____</p>		

CSU Use Only:	
Received _____	Campus ID: _____