

PERMISSION TO TRANSFER

TO: Office of Academic and Student Affairs, CTAHR **DATE:** _____

FROM: _____ **DEPARTMENT:** _____
Academic Advisor

Student's Name: _____ Phone Number: _____

Address: _____

E-mail Address: _____ Major: _____

Is permitted to transfer in as a major in _____ of this department.

College presently enrolled in: _____

Cumulative GPR: _____ Social Security #: _____

(Turn this form in at Gilmore 210 and fill out the application for transfer. THIS PERMISSION TO TRANSFER FORM MUST BE ACCOMPANIED BY A REPORT CARD OR TRANSCRIPT TO VERIFY YOUR GPR.) 7/02

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