

TRANSFER COLLEGE EVALUATION FORM

College Name:			Visit to the College (Date):	
Address:				
Website:				
TRANSFER COUNSELOR	CONTACT INFORMA	ATION:		
Name:				
Phone:				
Email:				
APPLICATION ACCEPTED				
Online Application	Common	Application	Paper Application	
Deadline Date:	Deadline Date:		Deadline Date:	
Date Sent:	Date Sent:		Date Sent:	
Application Fee:	Application Fee:		Application Fee:	
GRADE POINT AVERAGE	REQUIRED Overall:	Ma	ajor:	
TRANSCRIPTS	- Overam -			
			5	
College Name: Date sent:				
College Name:				
High College (if needed): Date sent:				
SUPPLEMENTAL DOCUM				
1. Letters of Recommendation:			Date sent:	
2. Personal Essay Question/Topic:				
			Date sent:	
3. SAT/ACT:	Date taken:	Score:	Date sent:	
4. Is a portfolio required?	☐ Yes ☐ No		Date sent:	
5. Is an interview required?	☐ Yes ☐ No	А	appointment date:	
FINANCIAL AID DOCUME	ENTS FAFSA filed?	Yes 🛭 No	Date sent:	
TRANSFER HOUSING INF	ORMATION			
			_Application (date sent):	
ADDITIONAL EVALUATION	N OF THE COLLECT	=		
ADDITIONAL EVALUATIO				
LIKES:				
Dialikası				
DISIIKES:				