

OXNARD COLLEGE
VERIFICATION OF INTENT TO EARN
ASSOCIATES OF ARTS/SCIENCE DEGREE – TRANSFER

Print all information legibly

Student Name _____
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 Box

Student Signature: _____ **Date:** _____

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.
2. Legal name under which a student applied to a CSU campus should be listed.
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 Associates Degree in Transfer at a California Community College prior to CSU enrollment.

Following the 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.

Community College Use Only:

California Community College, degree name, major name, and term/year in which the Associates Degree for Transfer (AA-T/AS-T) will be earned:

California Community College

Degree/ Major Name

Term/Year

Courses required for the degree will be completed: Year: _____ ☐ Fall ☐ Winter ☐ Spring ☐ Summer

By signing this form, the official at the community college at which the student intent 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.

Evaluator Signature: _____

Date: _____

Evaluator Printed Name: _____

Title: _____

CSU Use Only

Received _____

Campus ID: _____