

VERIFICATION OF INTENT TO EARN

ASSOCIATE OF ARTS/SCIENCE DEGREE - TRANSFER¹

Print all information legibly.

| Student Nama? | | | | |
|---|---------------------|--|-------------------------|--|
| Student Name ² : | Last | First | M.I. | |
| Student ID#: | | Month/Day of Birth | Month/Day of Birth: | |
| Com | munity College ID# | | mm/dd | |
| Mailing Address: | | | | |
| | No. | Street | Apt. | |
| | City | State | Zip Code | |
| | | | | |
| | Email Address | Primary Phone Number | | |
| Student Signature | 3 | | Date: | |
| Associate Degree in Transfer at a California Community College prior to CSU enrollment. 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 <u>https://www2.calstate.edu/apply/Pages/contact-a-campus.aspx.</u> Community College Use Only: For verifications not submitted via the ADT eVerify database. | | | | |
| California Community Colle | ege | Degree/Major Name | Term /Year | |
| □ Courses required for the degree will be completed: Year: Fall □ Winter □ Spring □ Summer □ | | | | |
| degree is verifying that | the student has con | munity college at which the student intends to mpleted more than half of the graduation requ remaining standard academic terms prior to to | irements for the degree | |
| Evaluator Signature: | | Date: | | |
| Evaluator Printed Na | me: | Title: | | |
| | | | | |
| | | | | |
| CSU Use Only: | | | | |
| Received Campus ID: | | | | |