CALIFORNIA STATE UNIVERSITY

Request for Transfer of Admission Application To Another CSU Campus

Term: Fall ________ Winter _______ Spring ________

Semester ________ Quarter _______ 2 0 _____

NOTE: This form should be used by a California State University applicant whose application has been accepted for consideration for the term indicated at the campus indicated who wishes that application to be considered by another campus of the California State University for the same term.

PART I (To be completed by applicant and forwarded to the requested campus)

Application currently filed at ____
Original Campus

Request Transfer of Application to ____
Requested Campus

Name ______________________________________ Birthdate____________________________________

Address____________________________________ SS# ____________ / __________ / ______________

____ Class Level _________________________________

____ Major ______________________________________

I am applying for admission through the Educational Opportunity Program (EOP) ☐ Yes ☐ No

I am a veteran: ☐ Yes ☐ No
I am an international (visa student): ☐ Yes ☐ No

I request my application be transferred for admission consideration to the campus indicated above because:
____

____

____

Date__________________________ Signature____

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

PART II (To be completed by requested campus and forwarded to original campus)

We are [able] [unable] to accept the application of the above named applicant for the term indicated. The application and any documents currently on file should be received in this office prior to_______________________________. (date)

Date ________________________ _________________________ ____
Campus Signature, Dean/Director Admissions & Records

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

PART III (To be completed by original campus and forwarded with the application to the requested campus if authorization has been granted)

The application of the above named applicant is forwarded to you as requested.

Date ________________________ _________________________ ____
Campus Signature, Dean/Director Admissions & Records