VERIFICATION OF INTENT TO EARN
ASSOCIATE 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 Number ____________________

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 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 online here: https://onbaseform.csus.edu/obforms/eforms/STDAF/DocumentSubmission/GASecureForms.aspx

Community College Use Only:

California Community College, degree name, major name, and term/year in which the Associate 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 intends 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: ____________________

February 2013