



Transfer Admission Guarantee (TAG)

(Please use black or blue ink and PRINT CLEARLY.)

Current California Community College: _____

Check the box(es) of the UC campus(es) to which you plan on applying and list a proposed major.

CAMPUS	MAJOR	CAMPUS	MAJOR
<input type="checkbox"/> DAVIS		<input type="checkbox"/> RIVERSIDE	
<input type="checkbox"/> IRVINE		<input type="checkbox"/> SANTA BARBARA	
<input type="checkbox"/> MERCED		<input type="checkbox"/> SANTA CRUZ	
<input type="checkbox"/> SAN DIEGO*			

* Please rank the UCSD colleges in order of preference (1-6): ___Sixth ___Roosevelt ___Marshall ___Warren ___Revelle ___Muir

PERSONAL INFORMATION:

Full Legal Name

Last Name _____ First Name _____ Middle Name _____

Previous Name on Records (if different from legal name)

Last Name _____ First Name _____ Middle Name _____

Current Mailing Address

Street (Number & Name) _____ Apt# _____ City _____ State _____ Zip _____

Birthdate / / E-mail Address _____ Phone () _____
(mm/dd/yyyy) Area Code Number

ADDITIONAL INFORMATION:

Indicate the term and year (e.g., Fall 2009) you plan to transfer: Fall 20___ Winter 20___ Spring 20___

At time of transfer, will you be a U.S. citizen or permanent resident? Yes No

If no, do you hold a non-immigrant visa? Yes No

Date of high school graduation or equivalent (MM/YYYY): _____ / _____

Did you attend high school outside the U.S.? Yes No

If yes, what country? _____ Language of instruction: _____

Have you earned a baccalaureate or higher degree, including any outside the U.S.? Yes No

Do we have your permission to talk to your current school counselor? Yes No

List ALL colleges/universities you have attended or will attend before enrolling at the University:

COLLEGE/UNIVERSITY NAME	CITY	STATE	DATES ATTENDED (MM/YYYY)	
			BEGINNING	ENDING
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

Check this box if following high school graduation you were NOT enrolled in a college/university for one or more terms. Please explain any gaps in your college enrollment: _____
