



UC SANTA CRUZ TRANSFER ADMISSION AGREEMENT (TAA) FALL 2008



Full Name (must match name on transcript): _____

Student ID: G _____ Major: _____

List All Colleges Attended: _____

Will bring transcripts

Transcripts on file

AP/IB tests taken and scores: _____

Will bring copies of Test Scores

Test score copies on file

	YES	NO	N/A
1. Are you enrolled this Fall semester at Skyline?			
2. Have you <u>completed</u> a minimum of 30 UC transferable units?			
3. Will you complete a minimum of 60 UC transferable units <u>by the end of Spring Semester 2009</u> ?			
4. Will you complete all courses required for minimum UC eligibility <u>by the end of Spring Semester 2009</u> ? Minimum eligibility requirements are: <ul style="list-style-type: none"> • 2 courses of UC transferable English composition • 1 course of UC transferable Math or Mathematical statistics • 4 additional courses chosen from at least two of the following subject areas: Arts and Humanities; Social and Behavior Sciences; and Physical and Biological Sciences 			
5. Do you currently have a minimum UC transferable GPA of 3.0 ?			
6. Can you provide unofficial transcripts from each college or university attended and/or copies of test scores from AP or IB exams, if taken?			
7. Do you have more than 20 semester units completed at a four-year institution?			
8. Are you enrolled or planning to enroll at a baccalaureate institution prior to transfer to UCSC?			
9. Are you a former UC student who left the UC campus not in good standing?			
10. Are you a former UCSC student (not including summer session)?			
11. Do you possess a BA or BS degree?			
12. Are you currently working toward high school graduation?			

Please bring the completed form to Transfer Center, Building 2, Room 2227 or email to: leeg@smccd.edu

<p>OFFICE USE ONLY: Screened by: _____ Date: _____ <input type="checkbox"/> Transcript on Banner <input type="checkbox"/> AP/IB Scores on Banner <input type="checkbox"/> Has transcripts <input type="checkbox"/> Has test scores</p>	<p>TAA <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Appointment Date: _____ Time: _____ Counselor _____ Room _____ <p style="text-align: right;">RW: 7/10/2008</p> </p>
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