VERIFICATION OF INTENT TO EARN
ASSOCIATE OF ARTS/SCIENCE DEGREE - TRANSFER[1]
Print all information legibly.

Student Name[2]: _____
                         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[3]: _____ **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 Attn: Admissions. For CSU campus addresses, please visit https://www2.calstate.edu/apply/Pages/contact-a-campus.aspx.

Community College Use Only:
For verifications not submitted via the ADT eVerify database.

_____   _____-_____-_____   _____
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: _____