UNIVERSITY *of* CALIFORNIA

Transfer Admission Guarantee (TAG)

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

Current 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
☐ **DAVIS**		☐ **RIVERSIDE**	
☐ **IRVINE**		☐ **SANTA BARBARA**	
☐ **MERCED**		☐ **SANTA CRUZ**	
☐ **SAN DIEGO***			

*For UC San Diego, please pick **one** college below:
☐ Sixth ☐ Roosevelt ☐ Marshall ☐ Warren ☐ Revelle ☐ Muir

Personal Information:

Full Legal Name

_____
Last Name First Name MI

Previous Name on Records (if different from legal name)

_____
Last Name First Name MI

Current Mailing Address

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

Birthdate _____ **E-mail Address** _____ **Phone** _____
(mm/dd/yyyy)

Additional Information:

Indicate the term and year you plan to transfer: Fall _____ Winter _____ Spring _____

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 (Mo./Yr.):_____

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

If yes, indicate which country and the language of instruction used: _____

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	
	BEGINNING (MO./YR.)	ENDING (MO./YR.)

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

_____

_____

Transfer Admission Guarantee (continued)

List any Advanced Placement (AP) / International Baccalaureate (IB) examinations:

EXAM NAME	TEST DATE (MO./YR.)	SCORE	EXAM NAME	TEST DATE (MO./YR.)	SCORE

Units:

At the time you are signing this agreement, you have completed _____ UC-transferable semester/quarter (circle one) units with an overall GPA of _____.

Attach copies of transcripts for all previously completed college coursework to this agreement. List below the courses you are taking now and those you plan to take:

COURSES IN PROGRESS			COURSES PLANNED			COURSES PLANNED		
TERM	YEAR		TERM	YEAR		TERM	YEAR	
☐ SEMESTER ☐ QUARTER			☐ SEMESTER ☐ QUARTER			☐ SEMESTER ☐ QUARTER		
COLLEGE/UNIVERSITY NAME			COLLEGE/UNIVERSITY NAME			COLLEGE/UNIVERSITY NAME		
DEPT./ COURSE NO.	COURSE TITLE	UNITS	DEPT./ COURSE NO.	COURSE TITLE	UNITS	DEPT./ COURSE NO.	COURSE TITLE	UNITS
	TOTAL UNITS			TOTAL UNITS			TOTAL UNITS	

I hereby certify that the information I have provided includes all courses/units from all postsecondary institutions I have attended. I am aware that this agreement is null and void if it is found that the information I have provided is incomplete or inaccurate. I understand that I am responsible for completing all requirements on the TAG signed by the UC representative.

Student _____ Date _____

By the end of the_____term prior to your UC enrollment, you are required to complete_____UC-transferable semester/quarter units.

Community College Counselor _____ Date _____ UC Admissions Representative _____ Date _____

For UC Admissions Use Only:

UC-transferable GPA required for all UC-transferable units taken prior to transfer enrollment: _____

Required courses in progress/planned (noted below) must be completed with grades of C or higher, unless otherwise specified, by the end of _____.
Term Year

English Composition Courses (UC-E)		
Math Course (UC-M)		
Major Courses Required		
Other		

DECISION: APPROVED_____ NOT APPROVED _____