



## Honors Transfer Program Completion Record

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Honors courses:

Please attach your unofficial transcript to this form.

Course	Semester	Grade

Please list the institutions for which you will be applying or have been accepted to:

University and the major you applied under:	Accepted	Attending

I give my permission for the Honors Transfer Program Coordinator/Counselor to review my transcript:

**Student Signature**

\_\_\_\_\_  
**Return this form to the Honors Transfer Program Office – ES 614 or email to [jmillerthayer@citruscollege.edu](mailto:jmillerthayer@citruscollege.edu)**

Honors Transfer Program Action:		
Complete	In Progress	Denied