



Guaranteed Transfer Admission Declaration Form

Please complete and submit this form to the Solutions Center on your University of Wisconsin two-year campus. To be eligible for the Guaranteed Transfer Admission Program, students must meet the following UW System Guaranteed Transfer requirements:

ELIGIBILITY CHECKLIST:

- Did you enroll as a new freshman at one of the University of Wisconsin two-year campuses?
 Yes No
- Have you completed less (<) than 30 credits? (Do not include earned AP credits or current term courses in your calculation.)
 Yes No
- Will you have completed the credits needed for junior standing (i.e. not remedial) within three academic years of the initial enrollment?
 Yes No
- Will you have maintained continuous enrollment during these three years?
 Yes No
- Have you earned a minimum cumulative GPA of 2.0 (3.2* cumulative for UW-Madison) and a 2.0 GPA the term prior to transfer? *Please note: UW-Madison computes the GPA in accordance with UW-Madison's grading practices and include grades for all courses. If you repeated a course, your GPA may be different than the calculation.*
 Yes No
- Have you met minimum requirements for admission to your intended four-year campus?
 Yes No

For UW-Madison, this includes one year of high school or one college semester of the following Math requirements and two years of high school or two college semesters of the following foreign language requirement:

Algebra	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plane Geometry	<input type="checkbox"/> Yes <input type="checkbox"/> No
College prep Math	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single Foreign Language	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: If you have answered "No" to any ONE of the eligibility questions, please contact your advisor to guide you in the development of a successful transfer plan.

To be completed by student	
Student's Name: _____	Student ID Number: _____
Transfer to UW- _____	Anticipated Date of Entry: ____/____/____
Phone # _____	Date of Birth: ____/____/____
Street Address: _____	OFFICE USE ONLY
City/State/Zip: _____	Date received: ____/____/____
Advisor's Name _____	Credits earned: _____
Advisor's Email _____	Entered in PRISM: _____