TRANSFER APPEAL REQUEST

Submit this form with your letter of appeal, unofficial high school transcript(s) and any college transcript(s) to:
Late Application Appeals Review Committee
UC Davis Undergraduate Admissions
University of California
One Shields Avenue
Davis, CA 95616-8507

(Please PRINT CLEARLY using INK)

Full Legal Name: ____________________________________________

Last Name      First Name      Middle

Other Name(s) Shown on Records: ____________________________________________

Last Name      First Name      Middle

Current Mailing Address: ____________________________________________

Street Address                Apartment #

City                      State          Zip

Do you live in California?  Y ❑ N ❑ Country of Citizenship: __________________________
Country of Permanent Residence: __________________________

Birthdate: __/__/__________ Email Address: __________________________ Phone: (____) __________
Month Day Year

Additional Information

Term and year you wish to enroll (e.g., fall 2015): __________ Desired major: __________________________

Date of high school graduation or equivalent: __/__/__________ Have you earned a baccalaureate degree or higher?  Y ❑ N ❑
Month Day Year

Did you attend high school outside the U.S.?  Y ❑ N ❑ If yes, what country? __________________________ Language of instruction: ______________

List ALL high school/colleges/universities you have attended or will attend before enrolling at the university:

<table>
<thead>
<tr>
<th>School Name</th>
<th>City</th>
<th>State</th>
<th>Dates Attended (Month/Year)</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>Beginning Date   Ending Date</td>
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❑ Check this box if, after high school graduation, you were NOT enrolled in a college/university for one or more terms. Explain gaps in education:

__________________________________________________________________________

List any of the following examinations you have taken or plan to take: ACT Plus Writing, SAT Reasoning, Advanced Placement (AP) or International Baccalaureate (IB) Higher Level.

<table>
<thead>
<tr>
<th>Examination Name</th>
<th>Test Taken (Month/Year)</th>
<th>Score</th>
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I hereby certify that the information I have provided includes all courses/units from all postsecondary institutions I have attended, and that I have attached unofficial transcripts from those institutions.

_________________________________________  __________________________
Signature                                     Date