

Oklahoma State Regents for Higher Education
Academic Scholars Program
Request for Transfer of Scholarship

Name: _____ SSN: _____

Permanent Home Address: _____
Street City State Zip

Permanent Telephone No.: (____) _____

Semester in which you intend to transfer:
_____ Fall 2011 _____ Spring 2012

College or University to which you are transferring: _____

New College Student ID Number _____

College or University you are currently attending: _____

Current College Student ID Number _____

SUPPORTING DOCUMENTS:
Please provide a copy of a current transcript with this form.

I, the undersigned Academic Scholar, hereby confirm that the above information is correct, and I understand that if it is proven otherwise, I forfeit my remaining semesters in the Academic Scholars Program. I also understand that if there are any changes concerning my transfer, I will immediately notify the Oklahoma State Regents for Higher Education and the institution where I am currently enrolled.

Signature of Academic Scholar

Date