

Berkeley City College Office of Admissions and Records 2050 Center Street Berkeley, CA 94704

VERIFICATION OF INTENT TO EARN

ASSOCIATE OF ARTS/SCIENCE DEGREE - TRANSFER¹

Print all information legibly.

Student Name ² :					
	Last	First		M.I.	
Student ID#:		Month/Da	Month/Day of Birth:		
Com	munity College ID#		r	nm/dd	
Mailing Address:				<u>_</u>	
	No.	Street		Apt.	
	City	State		Zip Code	
	Email Address	Primary Phone Number	ər		
Student Signature	3			_Date:	
office at each CSU	campus to whicl	S-T degree evaluation, submit a h you have applied. Forms shou addresses, please visit <u>www.cals</u> Community College Use Only:	IId be submitte state.edu/trans	d Attn: Admissions.	
California (California Community Coll	Associate De	ege, degree name, major name, a gree for Transfer (AA-T/AS-T) wi 		n which the 	
Courses required for	the degree will	be completed: Year: F	- all Winter	Spring Summer	
degree is verifying that	the student has d	ommunity college at which the stud completed more than half of the gra e remaining standard academic ter	aduation require	ments for the degree	
Evaluator Signature:		[Date:		
Evaluator Printed Na	me:	т	ïtle:		
		CSU Use Only:			
	Received	Campus ID:			