

**VERIFICATION OF INTENT TO EARN  
ASSOCIATE OF ARTS/SCIENCE DEGREE - TRANSFER<sup>1</sup>**

*If you missed being verified through CSU e-Verify please complete the student portion of this form and email to [A&R-evaluations@mccd.edu](mailto:A&R-evaluations@mccd.edu) for paper verification of your intended degree*

**Student Name<sup>2</sup>:** \_\_\_\_\_  
Last First M.I.

**Student ID#:** \_\_\_\_\_ **Month/Day of Birth:** \_\_\_\_\_  
Community College ID# mm/dd

**Mailing Address:** \_\_\_\_\_  
No. Street Apt.  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Email Address Primary Phone Number

**Student Signature<sup>3</sup>:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Information regarding completion of qualifying AA-T/AS-T will be considered self-reported until verified by a community college transcript documenting completion of degree.
2. Legal name under which a student applied to a CSU campus should be listed.
3. Your signature indicates that you have applied for admission to one or more CSU campuses with the intent to earn an AA-T /AS-T Associate Degree in Transfer at a California Community College prior to CSU enrollment.

**Following completion of your AA-T/AS-T degree evaluation, submit a copy of this form to the admissions office at each CSU campus to which you have applied. Forms should be submitted Attn: Admissions. For CSU campus addresses, please visit [www.calstate.edu/transfer](http://www.calstate.edu/transfer).**

**Community College Use Only:**

**California Community College, degree name, major name, and term/year in which the Associate Degree for Transfer (AA-T/AS-T) will be earned:**

\_\_\_\_\_ Degree/Major Name \_\_\_\_\_ Term /Year  
*California Community College*

Courses required for the degree will be completed: Year: \_\_\_\_\_  Fall  Winter  Spring  Summer

*By signing this form, the official at the community college at which the student intends to earn the AA-T/AS-T degree is verifying that the student has completed more than half of the graduation requirements for the degree and could complete the degree within the remaining standard academic terms prior to transfer.*

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**CSU Use Only:**

Received \_\_\_\_\_ Campus ID: \_\_\_\_\_