UCLA

TRANSFER ALLIANCE PROGRAM (TAP) CERTIFICATION FORM APPLICATION FOR ADMISSION FALL 2018

created August 16, 2017

Student Name

| FOR UCLA OFFICE USE |
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| | | Name: Last , Fi | rst Middle – please | print clearly or type | | | | |
|--|---|---|--|---|--|-----------------------------|----------------------|--|
| UC App | lication ID # | a 7-digit number | | on the receipt/summary email you | ı received when you | submitted | | |
| UCLA College Major Community College | | Alternate College Major listed on UC application | | | | | | |
| | | | | | | | | |
| For Counselor use only | | TOTAL Number of UC transferable semester/quarter units – <i>end of Spring 2018</i> | | | | | | |
| | | UC Transferable GPA – end of Fall 2017 | | | | | | |
| prepara require English | tion requirements a ments (4 courses) n | nd fulfillment of t nust also be comp cal Thinking and (| the UC English Co leted by the end o Quantitative Reason | UC transferable semester unital mposition (2 courses), mathemate f Spring. Summer coursework using areas), additional major presented and the seminary of the | atics (1 course), and is allowed for IGE | d additional ETC (except | subject t for the | |
| LIST THE COURSES THAT MEET YOUR COMMUNITY COLLEGE'S HONORS/SCHOLARS PROGRAM REQUIREMENTS. To prevent word wrapping and allow the document to remain on two pages, please use these abbreviations: For term, F - Fall, W - Winter, SP - Spring, or SU - Summer followed by the 2-digit year (such as F15, W16). For college, ECC - El Camino College, LAPC - Los Angeles Pierce College, OCC - Orange Coast College, etc. For dept, course no, and course title, use the information as it appears in ASSIST (www.assist.org). If needed, use page 2 comments section to list additional coursework. | | | | | | | | |
| Term | College | Dept | Course No | Course Title | | Units | Grade | |
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| I author | ize UCLA to rele | ase application i | information to th | e TAP Director/Counselor | at my community | y college. | | |
| Student signature Date | | | | | | | | |
| requiren | | ors/Scholars Pro | | other Program requirements fied for the TAP Guarantee | | | | |
| TAP Di | TAP Director's signature Date | | | | | | | |
| TAP Co | TAP Counselor's signature Date | | | | | | | |
| L. | | | | | | | | |

Page 2

| If the second page is necessary for additional comments, print either 1) double-sided or 2) single-sided then re-enter |
|--|
| the student's name and UID <u>and</u> staple the pages together to ensure that multiple pages do not get lost. |

| Student Name | |
|---|---|
| | Name: Last, First Middle – please print clearly or type |
| | |
| UC Application ID # | |
| | a 7-digit number that can be found on the receipt/summary email you received when you submitted |
| | your UC application |
| | |
| If there are comments of (To be completed by Ta | or special circumstances that should be noted regarding this student, please elaborate. AP Staff Member only.) |
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