UCLA

TRANSFER ALLIANCE PROGRAM (TAP)
CERTIFICATION FORM
APPLICATION FOR ADMISSION
FALL 2019

updated July 10, 2018

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

UCLA College Major _____

Alternate College Major listed on UC application _____

Community College _____

For Counselor use only

_____ TOTAL Number of transferable semester/quarter units – *end of Spring 2019*

_____ UC Transferable GPA – *end of Fall 2018*

By the end of spring term, students must have completed 60 UC transferable semester units (90 quarter units). Minimum major preparation requirements and fulfillment of the UC English Composition (2 courses), mathematics (1 course), and additional subject requirements (4 courses) must also be completed by the end of Spring. Summer coursework is allowed for IGETC (except for the English Composition, Critical Thinking and Quantitative Reasoning areas), additional major preparation, and additional units only, but is not included as criteria in the admission decision process.

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

I authorize UCLA to release application information to the TAP Director/Counselor at my community college.

Student signature _____ Date _____

Based on completed courses, current enrollment, and all other Program requirements, this applicant has met the requirements of the Honors/Scholars Program and is certified for the TAP Guaranteed Priority Consideration for admission to the UCLA College.

TAP Director's signature _____ Date _____

TAP Counselor's signature _____ Date _____

Published cooperatively by UCLA Undergraduate Admission and UCLA College.

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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**

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If there are comments or special circumstances that should be noted regarding this student, please elaborate. (To be completed by TAP Staff Member only.)