

# UC DAVIS

## UNDERGRADUATE ADMISSIONS

### TRANSFER APPEAL REQUEST

Submit this form with your letter of appeal, unofficial college transcript(s) and list of courses in-progress or planned to:

Late Application Appeals Review Committee  
 Undergraduate Admissions  
 University of California  
 One Shields Avenue  
 Davis, CA 95616-8507

**(Please PRINT CLEARLY using INK)**

Full Legal Name: \_\_\_\_\_  
*Last Name First Name Middle*

Other Name(s) Shown on Records: \_\_\_\_\_  
*Last Name First Name Middle*

Current Mailing Address: \_\_\_\_\_  
*Street Address Apartment #*  
 \_\_\_\_\_  
*City State Zip*

Do you live in California? Y  N  Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
*Month Day Year Area Code Number*

**Additional Information**

Term and year you wish to enroll (e.g., fall 2015): \_\_\_\_\_ Desired major: \_\_\_\_\_

Date of high school graduation or equivalent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Month/Day/Year)*

Did you attend high school outside the U.S.? Y  N  If yes, what country? \_\_\_\_\_ Language of instruction: \_\_\_\_\_

Have you earned a baccalaureate degree or higher, including any degrees outside the U.S.? Y  N

List ALL colleges/universities you have attended or will attend before enrolling at the university:

College/University Name	City	State	Dates Attended (Month/Year)	
			Beginning Date	Ending Date

Check this box if, following high school graduation, you were NOT enrolled in a college/university for one or more terms. Please explain any gaps in your education: \_\_\_\_\_

List any Advanced Placement (AP) or International Baccalaureate (IB) Higher Level examinations you have taken (include examination name, score and month and year tests were taken): \_\_\_\_\_

I hereby certify that the information I have provided includes all courses/units from all postsecondary institutions I have attended, and that I have attached unofficial transcripts from those institutions.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date