



Due by 3/29/2023

Honors Transfer Program Completion Record

Name: _____ Date: _____

Student ID#: _____

Email: _____

Phone number: _____

Honors courses:

Please attach your unofficial transcript to this form.

| Course | Semester | Grade |
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Please list the institutions for which you will be applying or have been accepted to:

| University and the major you applied under: | Accepted | Attending |
|---|----------|-----------|
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I give my permission for the Honors Transfer Program Coordinator/Counselor to review my transcript:

Student Signature

Return this form to Olivia Canales at the Honors Transfer Program Office – TC 129 or email to ocanales@citruscollege.edu

| | | |
|--|-------------|--------|
| Honors Transfer Program Action: | | |
| Complete | In Progress | Denied |