

Example 1.13-5B

COLLEGE PROGRAM TRANSFER REQUEST FOR FOUR-YEAR DEGREE

NAME: LAST, FIRST, MIDDLE (PRINT OR TYPE) CURRENT UNIT

NUMBER DATE

Place a check beside the university program below you are requesting.

- Sam Houston State University-Wynne Unit. Bachelor of Arts or Bachelor of Science; Major in Sociology.
Tarleton State University-Hughes Unit. (Mt. View and Gatesville for females) Bachelor of Business Administration, Major in Management.
University of Houston, Clear Lake-Ramsey I Unit. Bachelor of Arts, Major in Humanities; Bachelor of Science, Major in Behavioral Science.

An official transcript from each college or university previously attended is required or you may not be admitted to the program. Please ensure that the WSD Education Records Department has all of your transcripts in official form. Attach a copy of each transcript to this application. The unit education department will assist you with this. List below all the colleges and universities you have attended.

NOTE: Where space is limited due to lack of State funds, eligible offenders who intend to reimburse the State after release will be targeted for entry based on release date. Offenders who qualify for the federal Youthful Offender Grant or Hazelwood benefits, and offenders who can pay all costs at registration will be allowed to participate, if approved by Classification. Please check one below:

- I qualify and will utilize the Youthful Offender Grant.
I will pay all costs at registration utilizing my trust fund account. Attached is an I-25 payable to the requested University in the appropriate amount. I understand that by selecting this option, I must pay each semester that I enroll.
I will utilize my Hazelwood benefits. Attached is a copy of my DD 214 form so that the university I am requesting can confirm my eligibility prior to transfer.
I will reimburse the costs of my courses after release.

(Offender must sign below indicating all above items are accurate and truthful.) By signing below, I understand that if I secure a transfer based on my claimed ability to pay, I will be barred from college programs for a period of two years and removed from the unit if at any time after transfer I do not have the ability to pay.

Social Security Number Offender Signature

HD-971 (Rev. 08-05)

UNIT PRINCIPAL MUST COMPLETE THIS SECTION CERTIFYING ELIGIBILITY

Associate Degree Year College GPA

NOTE: Applicant must have an Associate Degree or 60 credit hours or above from accredited institution; however, after transfer, some universities may require additional lower level coursework to fulfill their degree requirements. Offenders with an AST or AAS degree will qualify.

If currently enrolled in an education program, name the program or course, and the date of the last class

Line Status (Must not have had a major disciplinary CONVICTION within last 6 months)

Projected Release Date*

Maximum Expiration Date *

*Offenders with an Initial Parole Review Date outside of five years are not eligible for college participation if their intent is to reimburse costs after release. Applications for these offenders are not to be submitted.

Date of Birth Initial Parole Review Date

If offender intends to utilize his trust fund account contact the Continuing Education Department for prices. An I-25 in the appropriate amount, a header sheet, and a copy of the hold instructions sent to the Trust Fund Department must be attached to this application.

Principal Signature (acknowledging the accuracy of the data on this form)

WINDHAM COUNSELING AND TESTING OFFICE

RECOMMEND TRANSFER DO NOT RECOMMEND TRANSFER

Comments:

Counseling and Testing Office Administrator

Denied by the State Classification Department due to the following reason:

IF THE APPLICANT HAS ANY QUESTIONS REGARDING THIS DENIAL, THE STATE CLASSIFICATION DEPARTMENT SHOULD BE CONTACTED-NOT THE WSD COUNSELING AND TESTING OFFICE.

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