



College of San Mateo

# Transfer Admission Agreement

with  
Notre Dame de Namur University

Student's Name \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First M.I.

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Street Address \_\_\_\_\_

Proposed Major: \_\_\_\_\_ City, Zip Code \_\_\_\_\_

By means of this Agreement, entered into between College of San Mateo and Notre Dame de Namur University you are guaranteed admission to Notre Dame de Namur University in the major indicated above provided that you satisfactorily complete all requirements listed in (1), (2), and (3) below, and file an application for admission while the University is still accepting applications for the \_\_\_\_\_ semester, 20\_\_\_\_\_.

Your eligibility requirements include the following:

1. At the end of the \_\_\_\_\_ term, 20\_\_\_\_\_, you had earned a cumulative total of \_\_\_\_\_ transferable semester units with an overall G.P.A. of \_\_\_\_\_.

2. You are required to complete \_\_\_\_\_ additional semester units for admission to Notre Dame de Namur University including the following courses:

<i>Courses in progress: Fall/Spring 20_____</i>	<i>Units</i>	<i>Courses to be taken: Fall/Spring 20_____</i>	<i>Units</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Additional requirements:

a. You are required to earn a minimum cumulative G.P.A. of \_\_\_\_\_ for all courses taken prior to transfer.

b. Special requirement(s) for impacted programs: \_\_\_\_\_

c. High school course omissions which must be satisfied: \_\_\_\_\_

d. Other: \_\_\_\_\_

The student hereby certifies that the information provided to substantiate number (1) above includes any and all courses/units from all postsecondary institutions attended. The student is aware that this Agreement will be null and void if it is found that the information provided is incomplete or inaccurate. The student further certifies that he/she does not hold or has not earned a four-year degree from any institution.

\_\_\_\_\_  
CSM Counselor/ Advisor Date Student's Signature Date

\_\_\_\_\_  
Transfer Services Coordinator Date Notre Dame de Namur University Date  
Dean of Couns./ Advising & Matric.