STORE TO ACTIVITY	College of San Mateo Transfer Admission Agreement with Menlo College
Student's Name Last First M.I.	Social Security No.:
Telephone: ()	Street Address
Proposed Major:	City, Zip Code
admission to Menlo College in the major indicated abov	llege of San Mateo and Menlo College you are guaranteed re provided that you satisfactorily complete all requirements admission while the University is still accepting applications
transferable semester units with an overall G.P.A.	20, you had earned a cumulative total of of nal semester units for admission to Menlo College including
the following courses: Courses in progress: Fall/Spring 20 Units	
*	G.P.A. of for all courses taken prior to transfer.
c. High school course omissions which must be s	atisfied:
d. Other:	
The student hereby certifies that the information provided to substantiate institutions attended. The student is aware that this Agreement will be null The student further certifies that he/she does not hold or has not earned a fo	e number (1) above includes any and all courses/units from all postsecondary and void if it is found that the information provided is incomplete or inaccurate. pur-year degree from any institution.
CSM Counselor/Advisor Date	Student's Signature Date

Transfer Services Coordinator
Dean of Couns./Advising & Matric