AP 003

Oklahoma State Regents for Higher Education Academic Scholars Program Request for Transfer of Scholarship to

Request for Transfer of Scholarship to Professional or Graduate School

Name:	SSN:	
Permanent Home Address: City	State	Zip
Permanent Telephone No.: ()		_
Semester in which you intend to enter graduate school:		
Fall 2024	Spring 2025	
College or University to which you are transferring:		
New student ID number at transferring college/university: _		
Graduate Degree Program:		
Institution from which you are transferring:		
SUPPORTING DOCUMENTS: Please provide a copy of a current transcript and a copy of	your acceptance letter to grad	duate school with this form.
I, the undersigned Academic Scholar, hereby confirm that the otherwise, I forfeit my remaining semesters in the Academic Sconcerning my transfer, I will immediately notify the Oklaho I am currently enrolled.	Scholars Program. I also unde	erstand that if there are any chang
Signature of Academic Scholar		 Date