UNIVERSITY *of* CALIFORNIA

Transfer Admission Guarantee (TAG)

STUDENT ID# OR SSN: 1234567

COUNSELOR NAME: J. Smith

(Please use black or blue ink and PRINT CLEARLY.)

Current California Community College: OHLONE COMMUNITY COLLEGE

Check the box(es) of the UC campus(es) to which you plan on applying and list a proposed major.

CAMPUS	MAJOR	CAMPUS	MAJOR
☒ **DAVIS**	Biological Sciences, B.S.	☐ **RIVERSIDE**	
☐ **IRVINE**	Available Online Only	☐ **SANTA BARBARA**	
☒ **MERCED**	Human Biology, B.A.	☐ **SANTA CRUZ**	
☐ **SAN DIEGO***	Available on UC App Only		

* Please rank the UCSD colleges in order of preference (1–6): ___Sixth ___Roosevelt ___Marshall ___Warren ___Revelle ___Muir

PERSONAL INFORMATION:

Full Legal Name

Student (Last Name) Joe (First Name) M. (Middle Name)

Previous Name on Records (if different from legal name)

(Last Name) (First Name) (Middle Name)

Current Mailing Address

123 ABC Drive (Street (Number & Name)) (Apt#) Fremont (City) Ca (State) 91739 (Zip)

Birthdate 01/01/1988 (mm/dd/yyyy) **E-mail Address** student@yahoo.com **Phone** (510) 659-6000 (Area Code Number)

ADDITIONAL INFORMATION:

Indicate the term and year (e.g., Fall 2009) you plan to transfer: **Fall 20** 09 **Winter 20**_____ **Spring 20**_____

At time of transfer, will you be a U.S. citizen or permanent resident? ☒ **Yes** ☐ **No**

If no, do you hold a non-immigrant visa? ☐ **Yes** ☐ **No**

Date of high school graduation or equivalent (MM/YYYY): 06/2006

Did you attend high school outside the U.S.? ☐ **Yes** ☒ **No**

If yes, what country? _____ **Language of instruction:** _____

Have you earned a baccalaureate or higher degree, including any outside the U.S.? ☐ **Yes** ☒ **No**

Do we have your permission to talk to your current school counselor? ☒ **Yes** ☐ **No**

List ALL colleges/universities you have attended or will attend before enrolling at the University:

COLLEGE/UNIVERSITY NAME	CITY	STATE	DATES ATTENDED (MM/YYYY)	
			BEGINNING	ENDING
Ohlone College	Fremont	Ca	08/2006	05/2009
Las Positas College	Livermore	Ca	01/2005	05/2005

☐ Check this box if following high school graduation you were NOT enrolled in a college/university for one or more terms. Please explain any gaps in your college enrollment: _____

List any Advanced Placement (AP) / International Baccalaureate (IB) examinations you have taken:

EXAM NAME	TEST DATE (MM/YYYY)	SCORE	EXAM NAME	TEST DATE (MM/YYYY)	SCORE

UNITS:

At the time you are signing this TAG agreement, you have completed 40.000 UC-transferable semester units with UC-transferable GPA of 3.050.

Attach copies of transcripts for all previously completed college coursework to this agreement. List below the courses you are taking now and those you plan to take:

COURSES IN PROGRESS			COURSES PLANNED			COURSES PLANNED		
TERM: Fall	YEAR (YYYY): 2008		TERM: Spring	YEAR (YYYY): 2009		TERM:	YEAR (YYYY):	
■ SEMESTER ☐ QUARTER			■ SEMESTER ☐ QUARTER			☐ SEMESTER ☐ QUARTER		
COLLEGE/UNIVERSITY NAME: Ohlone College			COLLEGE/UNIVERSITY NAME: Ohlone College			COLLEGE/UNIVERSITY NAME:		
DEPT./ COURSE NO.	COURSE TITLE	UNITS	DEPT./ COURSE NO.	COURSE TITLE	UNITS	DEPT./ COURSE NO.	COURSE TITLE	UNITS
Biol 101B	Principles of Biology	5	Chem 112B	Organic Chemistry	5			
Chem 112A	Organic Chemistry	5	Math 101B	Calculus w/ Anal Geom	5			
Math 101A	Calculus w/ Anal Geom	5						
	TOTAL UNITS	15		TOTAL UNITS	10		TOTAL UNITS	0

I hereby certify that the information I have provided includes all courses/units from all postsecondary institutions I have attended. I am aware that this agreement is null and void if it is found that the information I have provided is incomplete or inaccurate. I understand that I am responsible for completing all requirements on the TAG signed by the UC representative.

Student Signature — Date (MM/DD/YYYY): 08/18/2008

Community College Counselor/Transfer Center Director Signature — Date (MM/DD/YYYY): 08/18/2008

TAG REQUIREMENTS (TO BE COMPLETED BY UC ADMISSIONS):

By the end of the_____term prior to UC enrollment, the student is required to complete _____additional UC-transferable semester/ quarter (circle one) units.

UC-transferable GPA required for all UC-transferable units taken prior to transfer enrollment: _____

All courses in progress/planned, in addition to the required courses noted below, must be completed with grades of C or higher, unless otherwise specified, by the end of _____.
Term Year (YYYY)

English Composition Courses (UC-E)		
Math Course (UC-M)		
Major Courses Required		
Other		

DECISION: ☐ APPROVED ☐ NOT APPROVED

UC Admissions Representative ☐ UCD ☐ UCI ☐ UCM ☐ UCR ☐ UCSB ☐ UCSD ☐ UCSC

Date (MM/DD/YYYY): / /