College Transfer Intake Form

Date of Intake: _____________________

STUDENT INFORMATION:

First Name: ________________________________

Last Name: ________________________________

Date of Birth: ________________________________

Email: ________________________________ @northshore.edu

Telephone Number: ________________________________

Indicate below which institutions you wish to send your document(s):

<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>COLLEGE</th>
<th>COLLEGE</th>
<th>COLLEGE</th>
<th>COLLEGE</th>
<th>COLLEGE</th>
<th>COLLEGE</th>
</tr>
</thead>
</table>

Please specify which documents are attached:
- [ ] Common Application
- [ ] Transfer College Report
- [ ] Conduct History Evaluation
- [ ] Other
  Specify: ________________________________

Notes: ________________________________

Student Signature: ________________________________

For Office Use Only

Document(s) sent out: ________

Staff Initials: ________________________________

Student Tracked: ________