



College Transfer Intake Form

Student ID: N00

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):

COLLEGE	
COLLEGE	
COLLEGE	
COLLEGE	
COLLEGE	
COLLEGE	
COLLEGE	
COLLEGE	

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:

Student Tracked:

Staff Initials: _____