

Gavilan College

Instructions:

Verification of Intent to Earn Associate of Arts/Science Degree – Transfer –

Name: _____ G00 _____

Check the CSU Campus(es) to Send Verification Form

- | | |
|---|--|
| <input type="checkbox"/> CSU Bakersfield | <input type="checkbox"/> Cal State Northridge |
| <input type="checkbox"/> CSU Channel Islands | <input type="checkbox"/> Cal Poly Pomona |
| <input type="checkbox"/> Chico State | <input type="checkbox"/> Sacramento State |
| <input type="checkbox"/> CSU Dominguez Hills | <input type="checkbox"/> Cal State San Bernardino |
| <input type="checkbox"/> Cal State East Bay | <input type="checkbox"/> San Diego State |
| <input type="checkbox"/> Fresno State | <input type="checkbox"/> San Francisco State |
| <input type="checkbox"/> Cal State Fullerton | <input type="checkbox"/> San Jose State University |
| <input type="checkbox"/> Humboldt State | <input type="checkbox"/> Cal Poly San Luis Obispo |
| <input type="checkbox"/> Cal State Long Beach | <input type="checkbox"/> CSU San Marcos |
| <input type="checkbox"/> Cal State LA | <input type="checkbox"/> Sonoma State |
| <input type="checkbox"/> Cal Maritime | <input type="checkbox"/> Stanislaus State |
| <input type="checkbox"/> CSU Monterey Bay | |

If you applied to CSU and:

- Did not report your plan to receive an ADT **and/or**
- You did not complete e-verification by the October 30th deadline

Complete the following steps:

1. Meet with Gavilan Counselor to complete and submit your petition to graduate.
2. Complete the 'Verification of Intent to Earn Associate of Arts/Science Degree – Transfer' and email to Dina Hampton at dhampton@gavilan.edu for review and certification.
3. Gavilan College will email completed 'Verification of Intent to Earn Associate of Arts/Science Degree – Transfer' to your selected CSU campus.

**VERIFICATION OF INTENT TO EARN
ASSOCIATE OF ARTS/SCIENCE DEGREE - TRANSFER¹**

Print all information legibly.

Student Name²: _____
Last First M.I.

Student ID#: _____ **Month/Day of Birth:** _____
Community College ID# mm/dd

Mailing Address: _____
No. Street Apt.

City State Zip Code

Email Address Primary Phone Number

Student Signature³: _____ **Date:** _____

- 1. Information regarding completion of qualifying AA-T/AS-T will be considered self-reported until verified by a community college transcript documenting completion of degree.
- 2. Legal name under which a student applied to a CSU campus should be listed.
- 3. Your signature indicates that you have applied for admission to one or more CSU campuses with the intent to earn an AA-T /AS-T Associate Degree in Transfer at a California Community College prior to CSU enrollment.

Following completion of your AA-T/AS-T degree evaluation, submit a copy of this form to the admissions office at each CSU campus to which you have applied. Forms should be submitted Attn: Admissions. For CSU campus addresses, please visit <https://www2.calstate.edu/apply/Pages/contact-a-campus.aspx>.

Community College Use Only:

For verifications not submitted via the ADT eVerify database.

California Community College Degree/Major Name Term /Year

Courses required for the degree will be completed: Year: ___ Fall Winter Spring Summer

By signing this form, the official at the community college at which the student intends to earn the AA-T/AS-T degree is verifying that the student has completed more than half of the graduation requirements for the degree and could complete the degree within the remaining standard academic terms prior to transfer.

Evaluator Signature: _____ Date: _____

Evaluator Printed Name: _____ Title: _____

CSU Use Only:

Received _____ Campus ID: _____