

The Colorado Commission on Higher Education

Governor's Opportunity Scholarship Transfer Student Notification

The student has indicated that he/she will be transferring to: _____ from: _____

A transfer is being requested for the following term (Circle One): **Fall** **Spring** **Summer** Year: _____

The student is transferring because they have/will have completed an AA/AS Degree or Certificate (Circle One): **Yes** **No**

Section A - Student Information

Name _____ SSN _____
Last First M.I.

Address _____
Street City ZIP Telephone

Institution Currently Attending: _____

Section B - School Information

This student has received the Governor's Opportunity Scholarship (GOS) at this institution during the following semesters (Please complete the following table):

Term	GOS Amount	Term	GOS Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$	Spring 2008	\$
	\$	Summer 2008	\$
	\$	Fall 2009	\$
	\$	Spring 2009	\$
	\$	Summer 2009	\$
	\$		\$

Cumulative GPA: _____

Credit Hours Completed: _____ Through (indicate last term): _____

Form completed by: _____
Print Name Date

Additional Comments: _____

1) Submit form to Tony Do via email only, tony.do@dhe.state.co.us

Deadlines for Transfer Request: Fall Term – August 15th, Spring Term– October 15th, Summer Term – March 15th

2) A copy of the transfer form will be immediately forwarded to the Director of Financial Aid at the school the student is transferring into.