

NOTICE OF INTEREST IN TRANSFER DATA FORM

Name: _____

Address: _____

Phone: _____ E-mail: _____

Undergraduate College: _____

Degree Awarded: _____

Major: _____

Graduate College: _____

Degree Awarded: _____

Major: _____

Veterinary College Currently Attending: _____

Location: _____

Years completed: _____

Attach a one page statement regarding why you are choosing to transfer.

Attach information about the veterinary curriculum you are currently pursuing in the following format:

<u>Course</u>	<u>Title</u>	<u>Cr. Hrs.</u>	<u>Course Description</u>
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Send to:

Notice of Transfer Interest
University of Illinois
College of Veterinary Medicine
Office of Academic and Student Affairs
2001 S. Lincoln Avenue, Room 2271G
Urbana, IL 61802