



TARLETON
STATE UNIVERSITY
Member of The Texas A&M University System

Transient Student Contract

Office of Undergraduate Admissions

Student Name: _____

Tarleton University ID: _____ or Last Four Digits of SSN: _____

Semester of attendance at Tarleton: _____

Home Institution: _____

Last semester of attendance at home institution: _____

Next semester of attendance at home institution: _____

I certify I am eligible to return to my home institution and should it be proven I am not eligible, I will forfeit all financial payments to Tarleton State University and lose all credits earned. If I choose to continue my enrollment at Tarleton State University, I understand I must submit a new application and official transcripts from all schools previously attended before I will be allowed to register for any subsequent semester.

Student Acknowledgement:

I have read and understand the above information.

X _____

Date _____

Return to:
Office of Admissions
Box T-0030
Tarleton Center-Texan Services
Fax: (254) 968-9951
transfer@tarleton.edu

Admission's use only

Posted by:

Date: