## Oklahoma State Regents for Higher Education Academic Scholars Program Request for Transfer of Scholarship

Name:			_99N:		
Permanent Home Address:_					
Permanent Home Address:_	Street	City	State	Zip	
Permanent Telephone No.: (	)	Er	nail:		
Semester in which you inten		Fall 2024	_Spring 2025		
College or University to whi	ch you are transferri	ng:			
New College Student ID Nu	mber				
College or University you ar	re currently attending	;:			
Current College Student ID	Number				
<ul><li>another Oklahoma i</li><li>Students receiving four-year public or</li></ul>	the scholarship as an institution after one of the scholarship as an private Oklahoma in ition, the Institutional	n Institutional Nomi year of attendance a n Institutional Nomi astitution after comp	nee of a four-year t the nominating in nee of a two-year leting an associate	university are eligible for t stitution. college are eligible for tra s degree or accumulating a attend the nominating insti	nsfer to a at least 48
Please provide a copy of a c	urrent transcript wit	th this form.			
I, the undersigned Academic otherwise, I forfeit my remai concerning my transfer, I wi I am currently enrolled.	ning semesters in the	Academic Scholars	Program. I also und	lerstand that if there are an	y change:
Signature of Acader	mic Scholar	_		Date	