



**TRANSFER ADMISSION GUARANTEE (TAG) AGREEMENT
CARROLL COLLEGE & PARTNER CAMPUSES**

NAME (Last, First, Middle) _____

DATE OF BIRTH (MM/DD/YYYY) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ PHONE _____

With this agreement, you are guaranteed admission to Carroll College provided that you satisfactorily complete all requirements listed below and file an application for admission during Carroll's application filing period but no later than by March 1st for the fall semester and November 1st for spring semester. Please indicate the term and year of intended enrollment at Carroll College:

[] FALL [] SPRING 20_____

Your eligibility requirements include the following:

1. At the end of the _____ term, 20_____, you have successfully completed the requirements to attain an Associate of Arts or Associate of Science degree from a partner, two-year institution* or completed a minimum of 60 transferable units with a minimum GPA of 2.50.
2. Other Requirements:
 - a. You must earn a minimum 2.5 cumulative GPA in courses required for your major.
 - b. Complete College Algebra or a higher-level math course with a minimum grade of "C-" prior to enrolling at Carroll College if you have not earned an Associate's degree.
 - c. Completion of English Composition II with a minimum grade of "C-" prior to enrolling at Carroll College if you have not earned an Associate's degree.
 - d. Other:

3. Additional Information:
 - a. A maximum of 60 credits will be accepted for transfer.
 - b. Students may have additional Core requirements to fulfill at Carroll College at the lower and/or higher division level.

I hereby certify that the information which I provided to substantiate number (1) above includes any and all courses/units from all postsecondary institutions I have attended. I am aware that this agreement is null and void if it is found that information I have so provided is not complete or is inaccurate. I further certify that I do not hold nor have earned a four-year degree from any institution of higher learning.

Name of Current College Academic Advisor Date

Student Signature Date

Signature of Current College Academic Advisor Date

Carroll College Transfer Coordinator Date

*Eligible two-year partner colleges: All MUS two-year colleges, Spokane Community College, Spokane Falls Community College