UCLA

TRANSFER ALLIANCE PROGRAM (TAP)
CERTIFICATION FORM
APPLICATION FOR ADMISSION
FALL 2016

revised October 12, 2015

Student Name

Name: **Last,** First Middle – **please print clearly or type**

UCLA ID #

On the TAP/Non-TAP Applicants Report, a 9-digit number (NNN NNN NNN).

Alternate College Major
listed on UC application

UCLA College Major

Community College

For Counselor use only

_____ TOTAL Number of transferable semester/quarter units – *end of Spring 2016*

_____ UC Transferable GPA – *end of Fall 2015*

By the end of spring term, students must have completed 60 transferable semester units (90 quarter units). Minimum major preparation requirements and fulfillment of the UC English Composition (2 courses), mathematics (1 course), and additional subject requirements (4 courses) must also be completed by the end of Spring. Summer coursework is allowed for IGETC (except for the English Composition, Critical Thinking and Quantitative Reasoning areas), additional major preparation, and additional units only, but is not included as criteria in the admission decision process.

LIST THE COURSES THAT MEET YOUR COMMUNITY COLLEGE'S HONORS/SCHOLARS PROGRAM REQUIREMENTS.
To prevent word wrapping and allow the document to remain on two pages, please use these abbreviations:
  For **term**, F – Fall, W – Winter, SP – Spring, or SU – Summer followed by the 2-digit year (such as F07, W08).
  For **college**, ECC – El Camino College, LAPC – Los Angeles Pierce College, OCC – Orange Coast College, etc.
  For **dept**, **course no**, and **course title**, use the information as it appears in ASSIST (www.assist.org).
If needed, use page 2 comments section to list additional coursework.

Term	College	Dept	Course No	Course Title	Units	Grade

I authorize UCLA to release application information to the TAP Director/Counselor at my community college.

Student signature _____ Date _____

Based on completed courses, current enrollment, and all other Program requirements, this applicant has met the requirements of the Honors/Scholars Program and is certified for the TAP Guaranteed Priority Consideration for admission to the UCLA College.

TAP Director's signature _____ Date _____

TAP Counselor's signature _____ Date _____

Published cooperatively by UCLA Undergraduate Admission and UCLA College.

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If the second page is necessary for additional comments, print either 1) double-sided or 2) single-sided then re-enter the student's name and UID <u>and</u> staple the pages together to ensure that multiple pages do not get lost.

Student Name

Name: **Last,** First Middle – **please print clearly or type**

UCLA ID #

On the TAP/Non-TAP Applicants Report, a 9-digit number (NNN NNN NNN).

If there are comments or special circumstances that should be noted regarding this student, please elaborate. (To be completed by TAP Staff Member only.)