

Palmetto Fellows Scholarship Program In-State Transfer Form

By submission of this form, I give consent to the Commission on Higher Education to transfer my Palmetto Fellows Scholarship from one eligible institution to another eligible institution as long as I maintain eligibility. I also give consent to the institution which I am transferring from to release information to the Commission on Higher Education (which may include but not limited to my SS#, GPA, earned credit hours, and/or other pertinent information) in order to verify continued eligibility. I also give the Commission on Higher Education consent to release this information to the institution where I wish to transfer. I further release the Commission on Higher Education from any and all claims that may result from this inquiry.

Full Name:	Social Security number:		
Mailing address:			
Street	City	State	Zip Code
Phone:			High School?
Phone:	wnat y	ear did you graduate from l	High School?
Transferring From:	Transfe	rring To:	
Please indicate the term in which you a	re requesting transfer o	of your scholarships*:	
☐ Fall 20 ☐ Spring 20_	Summe	r 20	
PART II: TRANSCRIPTS			
It is the student's responsibility to en	nsure that any and a	ll transcripts from previou	us institutions are sent
to the new institution of enrollment f	for verification of sch	olarship eligibility.	
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PART III: STUDENT SIGNATURE			
The student is responsible for provide	•	•	•
institution of enrollment ALL required	a documents. Incom	olete applications will not	t be considered.
I hereby certify the above informatio	n to be true and corr	ect to the best of my kno	wledge.
•		,	J

*Students requesting a mid-year transfer will need to make arrangements to cover tuition and fees as there is no guarantee that the request will be completed by an institution's fee payment deadline.