

## UTK Transfer Agreement Application

Please provide the personal information requested and complete the form with your advisor the semester before anticipated completion of course requirements. Completion of the UTK Transfer Agreement does NOT fulfill requirements for an associate's degree. There is NO FEE required to apply.

SSN \_\_\_\_\_ Completion Term \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

I give Pellissippi State permission to request information from my present or future employer for the purpose of evaluating the college's academic programs.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### UTK TRANSFER AGREEMENT APPLYING FOR

To Be Completed by Student & Advisor

Transfer  
Agreement  
Year

- Aerospace Engineering \_\_\_\_\_
- Biomedical Engineering \_\_\_\_\_
- Chemical Engineering \_\_\_\_\_
- Civil Engineering \_\_\_\_\_
- Electrical Engineering \_\_\_\_\_
- Engineering Physics \_\_\_\_\_
- Industrial Engineering \_\_\_\_\_
- Materials Science & Engineering \_\_\_\_\_
- Mechanical Engineering \_\_\_\_\_
- Nuclear Engineering \_\_\_\_\_
- Nuclear Engineering: Radiological \_\_\_\_\_

Checklist:     GPA         12-hour rule  
 Copy of transfer agreement

### TRANSCRIPT EVALUATION

Please circle No. 1 or No.2, or complete No. 3 and sign.

1. The student has completed all course requirements for the transfer agreement, or
2. Upon satisfactory completion of the current schedule of courses, the student will complete course requirements for the transfer agreement, or
3. In addition to the current schedule of courses, the following course deficiencies exist:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any exception to the requirements needs to be submitted along with the transfer agreement application (i.e., Course Waiver / Substitution Form). Upon completion of these deficiencies, the student will have completed course requirements for the transfer agreement.

### TRANSCRIPT VERIFICATION

To Be Completed by Department Head or Program Coordinator

- Approved as submitted
- Not approved: Reason

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head/Program Coordinator \_\_\_\_\_

Date \_\_\_\_\_

To Be Completed by Manager of Records and Articulation

Student has completed requirements as follows:

Major \_\_\_\_\_

Transfer Agreement Year \_\_\_\_\_

GPA \_\_\_\_\_

Total Hours \_\_\_\_\_

Manager of Records and Articulation \_\_\_\_\_

Date \_\_\_\_\_