



## Transfer Application Form

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

**Name of University, College, or Technical School to which you are transferring and to which you must send the completed form:**

\_\_\_\_\_

**Student Name:**

\_\_\_\_\_ **Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle**

**Social Security Number\*:**

\_\_\_\_\_

**Home Telephone:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_ **Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP**

**Total Number of Semesters that Opportunity Scholarship Funds Have Been Received to Date:** \_\_\_\_\_

*I authorize officials of the higher education institution at which I enroll access to any of my school records for purposes of verifying the validity of my transfer information. I authorize release of this information to the Executive Director of the South Dakota Board of Regents or his designee for purposes of awarding scholarship funds and auditing. I hereby assign to the institution named above the right to receive all scholarship monies payable to me, provided that they be applied solely to defray tuition or fee charges levied against me.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*I hereby certify this student received the South Dakota Opportunity Scholarship for the terms previously attended at this institution.*

\_\_\_\_\_  
**Financial Aid Director at Institution from Which Student Transferred**

\_\_\_\_\_  
**Date**

*I hereby certify this student met the continuing eligibility requirements for the South Dakota Opportunity Scholarship for the terms previously attended at this institution, unless an exemption from credit hour or continuous enrollment requirements was granted by the Executive Director of the South Dakota Board of Regents. Continuing eligibility requires the scholarship recipient to be continuously enrolled, meet the credit hour benchmark established for each forthcoming year, in new courses (no repeats), and maintain a cumulative 3.0 GPA on a 4.0 scale (first calculated after the second semester and for every semester thereafter).*

\_\_\_\_\_  
**Registrar/Records Official at Institution from Which Student Transferred**

\_\_\_\_\_  
**Date**

**The student is responsible for arranging submission of all official transcripts and documents that demonstrates compliance with the scholarship's continuing eligibility requirements.**

**Submit this Transfer Application form by February 15 for the spring semester or September 20 for the fall semester to the admissions office of the university, college, or technical school to which the student is transferring.**

\*Disclosure of your SSN is voluntary, and if you decline to provide it to us, it will not affect your eligibility. The SSN will be used solely to keep accurate records, particularly in the event that you wish to transfer your scholarship from one participating institution to another, and to evaluate the program. The SSN is confidential information and will not be released to third parties without your consent.

**Postsecondary School Use Only Certification**