TRANSFER ADVISING

University of Houston-Clear Lake Hawk Connection Program

Hawk Connection Agreement

		Applicant info	rmation		
Date of Birth:			□ Male	☐ Female	
Full Legal Name	Month/Day/Year				
_	First		М.		Last
Mailing Address: _					
_	City		State		Zip Code
Phone Number:	()	_ Alternative Number:	()		
E-mail Address:					_
Ethnicity :	☐ White/Non Hispanic	☐ Black/Non Hispa	anic		Hispanic
	☐ Asian/Pacific Islander	☐ American Indian	n/Alaskan Native		Other
		Degree Inform	ation		
Semester and year	you expect to enter UHCL:				
Please Check One	e: 🗆 Fall	☐ Summer	☐ Spring	Year:	
Your expected maj	jor:				
College Currently A	Attending:				
Have you attended other colleges/universities other than the one mention above? \square Yes \square No					
If Yes, please list th	hem in the space provided:				
submit official tranapply electronicall the target institution administration of t	UHCL minimum admission requiremenscripts of all college work attempted by, go to www.applytexas.org and follon. By signing, I agree that my stude this program. I also agree and fully lices set forth by The University and	ed in order to initiate the form low the instructions, selecting nt records may be shared bet understand that for this agree	nal admissions proc the Transfer applic ween UHCL and the	ess at UHCL. Appation and Unive college mention	plication deadlines apply. To rsity of Houston-Clear Lake as ned above to facilitate the
	Student Sig	gnature			Date
The	following section MUST be	e completed by a UHC	L Transfer Advi	isor for Agr	eement to be valid.
Hours Earned:	Hawk Connection	I.D.#:	Catalog Year: _		
	UH-Clear Lake Academic Trans				Universit of Housto Clear Lak

2700 Bay Area Blvd. Houston, TX 77058 www.UHCL.edu