TRANSFER CONTRACT

For Students Transferring from
Milwaukee Area Technical College (MATC)
Liberal Arts Transfer Program
to University of Wisconsin–Madison

Declaration of Intent to Participate

Name: _____
last *first* *middle*

Birth Date: _____ Social Security Number (optional): _____
month / day / year

Permanent Home Address: _____

_____

Mailing Address (if different): _____

_____

E-mail Address: _____

Phone #1: _____ Phone #2: _____

Matriculation Term at MATC: _____ Anticipated Transfer Term: _____

Intended UW–Madison Major/Program: _____

By signing and submitting this form, you agree that you have read and understand the conditions of the Transfer Contract.

Student Signature: _____ Date: _____

MATC Counselor/Student Services Specialist

Name (printed) _____ Phone: _____

Advisor Signature: _____ Date: _____

Submit this form to:

Boungning Her
MATC
Milwaukee Campus
414-297-6899

Keep one copy in the MATC office and give one copy to the student.