

**TRANSFER STUDENT
COMPUTER SCIENCE SCHOLARSHIP APPLICATION FORM**
(Please print or type)

Name: _____ **Date:** _____
Last First M.I.

ID#: _____ **Email:** _____ **Phone:** (____) _____

Address: _____
Street City State Zip

College: _____

Date associate degree will be granted: _____ **GPA:** (on a 4.0 scale) _____

List Computer Science/Data Processing courses and grades received at the college granting the associate degree:

Course	Grade

Course	Grade

List Computer Science/Data Processing courses taken elsewhere and grades received:

Course	Grade	College/University

List three references from the college granting the associate degree:

Name	Department

Return completed application to Faner 2125 or mail to:
Undergraduate Program Director
Department of Computer Science
Faner 2125 Mail code 4511
Southern Illinois University
Carbondale IL 62901-4511

**SCHOLARSHIP APPLICATION
DEADLINE: January 31st**