

Please mail completed form and \$50.00 payment to: Grand Valley State University, 201 STU, Allendale, MI 49401, Attention: Transfer Orientation. Mail-in reservations must be received at least one week prior to the date selected. Your selection cannot be guaranteed when using the mail-in form.

Transfer Orientation Mail-in Reservation Form

Please call Transfer Advising at 616-331-3796 or (800) 748-0246 with questions and to confirm your reservation.

STUDENT ID NUMBER (G NUMBER): G _____ EMAIL: _____

NAME: _____ PHONE: () _____

Starting-semester: winter 2010 (If this is different than the semester you were accepted for, please call Admissions at (616) 331-2025 or (800) 748-0246, before making your orientation reservation.)

INTENDED MAJOR: _____ MINOR _____ See *Majors and Programs* at www.gvsu.edu
SEE ON-LINE LINK FOR MAJOR OPTIONS MINOR NOT REQUIRED FOR ALL MAJORS

I am planning on a career in one of the following health-related careers requiring Graduate Studies:

- | | | | |
|-----------------------------------------------|---------------------------------------|----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Medicine | <input type="checkbox"/> Veterinary Medicine | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Optometry | <input type="checkbox"/> Dentistry | |

SELECT orientation date and time: Check the On-line Reservation Link for openings before making your selection. Park in lot H or K on the Allendale campus. Please check-in at least 30 minutes prior to your orientation start-time in the Kirkhof Center. If taking the math placement, please arrive one hour before the session begins.

_____ December 11-Friday Morning 9:00 AM

_____ December 11-Friday Afternoon 1:30 PM

If transferring from a Michigan community college, I will complete the MACRAO Agreement.

- | | |
|------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown (contact your community college Registrar's office for clarification) |
| <input type="checkbox"/> No | |

PLEASE provide all courses in-progress, and any other courses not yet received by Grand Valley. This helps avoid duplication of credits. Include course prefix and number specific to the institution. An advisor will use course equivalency information to develop a Registration Plan. It is important to order updated official transcripts from your previous institution if courses were taken after applying to Grand Valley State University.

| Transfer Courses | | | Transferring from: |
|------------------|--------|--------------|-----------------------|
| Prefix | Number | Course Title | College or University |
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Use back of form for additional courses.

I am not currently taking courses and Grand Valley State already has all of my transfer work.