



## Supplemental Transfer Application

Complete this form and return to the YHC Office of Admissions. Your application for admission will not be considered complete until this form is submitted. **Unofficial copies of academic transcripts will not be considered as a substitute for this form.**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

List below all colleges or universities attended. Please include current or anticipated enrollments prior to your attendance at Young Harris College

College/City, State & Country	From (mmyy)	To (mmyy)	Credit Hours	
			In Progress	Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List below the courses (class schedule) in which you are currently enrolled and the courses in which you plan to enroll prior to your attendance at Young Harris College. This information is necessary to evaluate your application for admission to YHC.

Term/Year	Course Name	Course Number

Signature \_\_\_\_\_ Date \_\_\_\_\_