ATHENS STATE UNIVERSITY

OFFICE OF ADMISSIONS
Sandridge Student Center

Request for Early Transfer

Date_____

Name_____ **Student Number:**_____

Address:_____

Major:_____

Justification:_____

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Dean of Instruction
Junior, Community, or Technical College

Director of Admissions
Athens State University

300 North Beaty Street Athens, Alabama 35611 Phone 256-233-8220 1-800-522-0272 Fax 256-233-6565
"A member of the Alabama College System"