

GROVE CITY COLLEGE TRANSFER SEMESTER REPORT FORM

Transfer Applicants: The following information is required to apply for admission, as well as your official, final high school and college transcripts. Please send completed forms to the Office of Admissions in one of the following ways:

Email: admissions@gcc.edu

Mail: Grove City College, Office of Admissions, 100 Campus Drive, Grove City, PA 16127

Fax: 724-458-3395

Student Name				
Last		First	Middle	
Are you currently enrolled in o	college?	□ Yes	s 🗆 No	
Full name of current college/u	niversity:_			
Number of academic terms co	ompleted a	and/or in pr	ogress:	
Please provide the following in				
Course Number and Title	Credits	Grade	Professor's Signature	Date
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