

Oklahoma State Regents for Higher Education  
*Academic Scholars Program*  
*Request for Transfer of Scholarship*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street City State Zip

Permanent Telephone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Semester in which you intend to transfer:  
\_\_\_\_\_ Fall 2024 \_\_\_\_\_ Spring 2025

College or University to which you are transferring: \_\_\_\_\_

New College Student ID Number \_\_\_\_\_

College or University you are currently attending: \_\_\_\_\_

Current College Student ID Number \_\_\_\_\_

**Institutional Nominees MUST meet additional requirements to transfer**

- Students receiving the scholarship as an Institutional Nominee of a four-year university are eligible for transfer to another Oklahoma institution after one year of attendance at the nominating institution.
- Students receiving the scholarship as an Institutional Nominee of a two-year college are eligible for transfer to a four-year public or private Oklahoma institution after completing an associate's degree or accumulating at least 48 credit hours. In addition, the Institutional Nominee of a two-year college must attend the nominating institution for the first year.

**SUPPORTING DOCUMENTS:**

***Please provide a copy of a current transcript with this form.***

*I, the undersigned Academic Scholar, hereby confirm that the above information is correct, and I understand that if it is proven otherwise, I forfeit my remaining semesters in the Academic Scholars Program. I also understand that if there are any changes concerning my transfer, I will immediately notify the Oklahoma State Regents for Higher Education and the institution where I am currently enrolled.*

\_\_\_\_\_  
Signature of Academic Scholar

\_\_\_\_\_  
Date

**Submit completed application to: Academic Scholars Program, Oklahoma State Regents for Higher Education, PO  
Box 108850, Oklahoma City, OK 73101**