



**MATC-UWM Guaranteed Transfer Contract Program
DECLARATION OF INTENT TO PARTICIPATE**
For Students Transferring from the Milwaukee Area Technical College
Liberal Arts and Sciences Program
to the
University of Wisconsin-Milwaukee



Name _____
last first middle

Birth Date _____ Social Security Number _____
month/ day/ year (optional)

Permanent Home Address _____

Mailing Address (if different) _____

Email address _____

Phone #1 _____ Phone #2 _____

First Term of Enrollment at MATC _____ Anticipated Term of Transfer to UW Milwaukee _____

MATC Program/ Major _____ Intended UW Milwaukee Program/ Major _____

By signing and submitting this form, you agree that you have read and understand the conditions of the Transfer Contract.

Student Signature _____ Date _____

MATC Counselor/Student Services Specialist:

Name (printed) _____ Phone _____

Advisor Signature _____ Date _____

Mail this form to: Milwaukee Area Technical College
MATC Admissions Office
700 West State Street
ATTN: Bouncing Her
Milwaukee, WI 53233

Or fax this form to: Bouncing Her, MATC Admissions Office, (414) 297-7999

Keep one copy in the MATC office and give one copy to the student.