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: University of Wisconsin-Milwaukee
Department of Enrollment Services
P.O. Box 729
ATTN: Transfer Coordinator
Milwaukee, WI 53201

Or fax this form to: Transfer Coordinator, UWM Enrollment Services, (414) 229-6940

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