

Palmetto Fellows Scholarship Program

In-State Transfer Form

By submission of this form, I give consent to the Commission on Higher Education to transfer my Palmetto Fellows Scholarship from one eligible institution to another eligible institution as long as I maintain eligibility. I also give consent to the institution which I am transferring from to release information to the Commission on High Education (which may include but not limited to my SS#, GPA, earned credit hours, and/or other pertinent information) in order to verify continued eligibility. I also give the Commission on Higher Education consent to release this information to the institution where I wish to transfer. I further release the Commission on Higher Education from any and all claims that may result from this inquiry.

Name:		SS#:		
Mailing Address:				
Street		City	State	Zip code
Phone Number: ()		Cell Number ()		
Primary Email Address: (Please provide the email addi regardless of the institution in	ress that you will have o which you are enrolled	access to as this wi I)	ll be how we will	communicate with you
What year did you graduate fro Transferring From:				
Please indicate the term in whi	ich you are requesting t	ransfer of your scho	plarship*:	
□ Fall 20	OR	🗌 Sprir	ng 20	
Signature of Student:				
This form can	be returned to the Co		•	or fax to:
		vs Scholarship Progr		
		n on Higher Educatio	n	
		Street, Suite 300		
		ibia, SC 29201 303-737-3610		
	FAX: 8	0102-121-2010		
	Empile oco	ulder@che.sc.gov		