



Transition Program Supplement Form

Please complete this supplement form to be considered for the TruMACC Transition Program and submit it to Truman's Admission Office, 100 East Normal Ave, Kirksville, MO 63501. Full details about the program benefits, eligibility and enrollment requirements are available at trumacc.truman.edu.

Full Legal Name: _____
Last First Middle

Birthdate: _____ **Email:** _____
Month/Day/Year

Permanent Address: _____
Number and Street City
County State Zip

How long at this address? _____ **Marital Status:** Married Single

Resident Status (check one): Moberly Missouri Out-of-State

What is your U.S. Armed Forces status? None Currently Serving Previously Served
 Dependent or spouse of veteran Dependent or spouse of current service member

What is your possible major area of study? _____

Have you ever been found responsible for a disciplinary (academic or behavioral) violation at any school you have attended resulting in your probation, suspension or dismissal?* Yes No

Have you ever been arrested for a misdemeanor, felony or other crime?* Yes No

** If you answered yes to either or both questions, attach an explanation of the circumstances, giving the approximate date of each incident.*

Previous Colleges or Universities: (Official transcripts from all prior institutions must be sent to both Truman and MACC.)

Name of College or University	City, State	Dates Attended (Month/Year)	Hours Earned/ Degree Earned

Admission Status (please check one):
 I am applying to Truman State University and I am interested in TruMACC.
 I have been accepted for admission to Truman State University and I am interested in TruMACC.
 I have been selected for the TruMACC Transition Program by Truman State University.
 I am currently admitted to or attending Moberly Area Community College (MACC) as a degree seeking student referred to the TruMACC Program by an MACC advisor.

I hereby authorize my educational records to be shared between Moberly Area Community College and Truman State University for the purpose of advising and evaluation as a part of the TruMACC Transition Program. I understand and agree that the information released will cover my entire academic career at these institutions. I understand that giving misinformation or omitting details about previous enrollment at other colleges or universities will void my admission. I hereby certify that to the best of my knowledge the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal with forfeiture of all my fees and/or deposits. Further, I agree to accept and abide by all rules, regulations and policies established by both the Board of Trustees of MACC and the Board of Governors of Truman State University.

Signature (legal name): _____ **Date:** _____