



# SUPPLEMENTAL TRANSFER APPLICATION FOR UNDERGRADUATE ADMISSION

Student Name: \_\_\_\_\_  
Last First Middle

Email Address: \_\_\_\_\_ N #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Have you attended NSU before? \_\_\_\_\_ When? \_\_\_\_\_

Semester you are applying for (ex: Fall 2020): \_\_\_\_\_

Please return to the Office of Admissions & Recruitment.

- » **This form should be completed and returned to the Office of Admissions & Recruitment to be added to your application file with all supporting documents.**
- » **It is recommended you submit any documentation that would support your case, such as medical records, proof of financial difficulties and letters from friends or relatives who are aware of your situation.**
- » **You will be informed of the Alternative Admissions Committee's decision via the mailing address provided above.**

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Committee Recommendation	Approval	Denial (insufficient justification for exception)
Date: _____	Signature of Committee Chairperson _____	

*Please return completed supplemental application with all supporting documents to:*

**Barriers to academic success:** Please use this section to provide information that explains the circumstances contributing to your inability to meet regular admissions requirements. This can include (but is not limited to) a description of family obligations keeping you from excelling, family problems, illness, job loss or financial insecurity, transportation or internet issues, test anxiety, I.E.P. (optional), etc.

**Changes to achieve academic success:** Please use this section to provide information explaining how your situation has changed, how you are ready to improve and excel academically, what you plan on doing to succeed at Northeastern State University and what resources you will take advantage of to attain these goals.

*Please return completed supplemental application with all supporting documents to:*

701 N. Grand Avenue | Tahlequah, Oklahoma 74464 | P 918.444.4675 | F 918.458.2342 | [admissions@nsuok.edu](mailto:admissions@nsuok.edu)

**Letters of Recommendation:** In addition to this form, please provide us with two letters of recommendation on your behalf from individuals who can attest to your potential for academic success. Please indicate the individuals from whom you will request a letter of recommendation. Your application will be reviewed by the Alternative Admissions Committee when we have received the letters, which should be emailed to [admissions@nsuok.edu](mailto:admissions@nsuok.edu) or mailed to the Office of Admissions and Recruitment.

**References**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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