



CARTHAGE  
COLLEGE



## Guaranteed Admission Program Participation Form

Office of Admissions, [transfer@carthage.edu](mailto:transfer@carthage.edu)/ 262-551-6000

The goal of the Guaranteed Admission Program is to create a seamless and successful transition for transfer students intending to complete their baccalaureate degree at Carthage College. The Guaranteed Admission Program allows students the opportunity to be simultaneously admitted to both Carthage College and College of Lake County.

### General Guidelines

Students indicate their intention to participate in the program by filling out this form at the time of their application to Carthage College. This form should be submitted at least one year in advance of your first semester at Carthage College. Guaranteed admission students are subject to the same admission and degree requirements, as well as the same academic policies governing all other Carthage College and Lake County students.

### Instructions

**Step 1:** Meet with your advisor at College of Lake County to verify eligibility to apply. You will need your advisor's signature on this form to move forward in the process.

**CLC Advisor:** (Print) \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Step 2:** Send your unofficial transcript with this form to Carthage College, Office of Admissions

**Step 3:** An advisor from Carthage College will reach out to you about your academic plan to help you make the most of your time at CLC and assist you in getting a head start towards your degree at Carthage College.

### PLEASE PRINT

Name: \_\_\_\_\_ Intended Major(s): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I plan to take my first course at Carthage College: **TERM:** Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ **YEAR:** \_\_\_\_\_

(PLEASE INDICATE BOTH A TERM AND A YEAR)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My signature signifies that I wish to participate in the Guaranteed Admission Program. I agree to the guidelines established by Carthage College and College of Lake County. I authorize Carthage College to disclose my education records, including, but not limited to, academic, admission, advising information, program completion status, and financial aid eligibility and disbursement to College of Lake County.