## D. TRANSFER ADMISSION

### D1-D2: Fall Applicants

**Yes or No**

**D1** Does your institution enroll transfer students? (If no, please skip to Section E)

| Yes |

If yes, may transfer students earn advanced standing credit by transferring credits earned from course work completed at other colleges/universities?

**D2** Provide the number of students who applied, were admitted, and enrolled as degree-seeking transfer students in Fall 2025.

| Transfer Admission | Applicants | Admitted | Enrolled |
|---|---|---|---|
| Males | 90 | 22 | 13 |
| Females | 102 | 33 | 20 |
| Unknown | 2 | 0 | 0 |
| **Total** | **194** | **55** | **33** |

### D3-D11: Application for Admission

**D3** Indicate terms for which transfers may enroll:

| x | Fall |
|---|---|
|   | Winter |
| x | Spring |
|   | Summer |

**Yes or No**

Must a transfer applicant have a minimum number of credits

| No |

**Number** **Unit Type**

**D4** If yes, what is the minimum number of credits and the unit of measure?

**D5** Indicate all items required of transfer students to apply for admission:

| Requirements | Required of All | Recommended of All | Recommended of Some | Required of Some | Not Required |
|---|---|---|---|---|---|
| High school transcript | x |  |  |  |  |
| College transcript(s) | x |  |  |  |  |
| Essay or personal statement | x |  |  |  |  |
| Interview |  | x |  |  |  |
| Standardized test scores |  |  |  |  | x |
| Statement of good standing | x |  |  |  |  |

**D6** If a minimum high school grade point average is required of

**D7** If a minimum college grade point average is required of transfer

**D8** List any other application requirements specific to transfer applicants:

**D9** List application priority, closing, notification, and candidate reply dates for transfer students. If applications are reviewed on a continuous or rolling basis, place a check mark in the "Rolling admission" column.

| Term | Priority Date | Closing Date | Notification Date | Reply Date | Rolling Admission |
|---|---|---|---|---|---|
| Fall | 4/1 |  | 5/1 | 6/1 |  |
| Winter |  |  |  |  |  |
| Spring | 11/1 |  | 11/15 | 12/10 |  |

| Summer | | | | | |
|--------|--|--|--|--|--|

**Yes or No**

**D10** Does an open admission policy, if reported, apply to transfer

No

**D11** Describe additional requirements for transfer admission, if applicable:

_____

### D12-D17: Transfer Credit Policies

**D12** Report the lowest grade earned for any course _____

**D13** Maximum number of credits or courses that may be transferred

| Number | Unit Type |
|--------|-----------|
| 18 | Course |

**D14** Maximum number of credits or courses that may be transferred

| Number | Unit Type |
|--------|-----------|
| 18 | Course |

**D15** Minimum number of credits that transfers must complete at your

| Number | Unit Type |
|--------|-----------|
| N/A | |

**D16** Minimum number of credits that transfers must complete at your

| Number | Unit Type |
|--------|-----------|
| 17 | Course |

**D17** Describe other transfer credit policies:

_____

### D18-D22: Military Service Transfer Credit Policies

**D18** Does your institution accept the following military/veteran transfer credits:

**Yes or No**

| | |
|--|--|
| American Council on Education (ACE) | No |
| College Level Examination Program (CLEP) | No |
| DANTES Subject Standardized Tests (DSST) | No |

**D19** Maximum number of credits or courses that may be transferred based on military education evaluated by the American Council on Education (ACE):

| Number | Unit Type |
|--------|-----------|
| | |

**D20** Maximum number of credits or courses that may be transferred based on Department of Defense supported prior learning assessments (College Level Examination Program (CLEP) or DANTES Subject Standardized Tests (DSST)):

| Number | Unit Type |
|--------|-----------|
| | |

**D21** Are the military/veteran credit transfer policies published on your website?

**Yes or No**

No

If yes, please provide the URL where the policy can be located:

_____

**D22** Describe other military/veteran transfer credit policies unique to your institution:

_____