

# 3+1 Transfer Application



Triton College

Transfer Center, Room B-110 • 2000 Fifth Ave., RiverGrove, Illinois 60171

Phone: (708) 456-0300, Ext. 3644 • [triton.edu/transfercenter](http://triton.edu/transfercenter) • Email: [transfer@triton.edu](mailto:transfer@triton.edu)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Triton Student ID Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Program of study at Triton College \_\_\_\_\_

When do you anticipate completing the required associate degree?  Fall  Spring  Summer Year \_\_\_\_\_

## Program Selected

### Triton College and Concordia University

AS in Health, Sport and Exercise Science/BA in Sports and Recreation Management

*In order to pursue courses in the 3+1 program you will also need to complete an application at the respective partner institution. Please consult with the partner institution to which you are applying about the best time to complete this application.*

Triton College, in compliance with the Family Educational Rights and Privacy Act (FERPA), is required to protect the privacy of student education records. The College cannot disclose non-directory or personally identifiable information to a third party without the student's written consent. I hereby authorize Triton College to release my academic record to: \_\_\_\_\_

*3+1 Institution Name*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Print and Sign)*

For ADA accommodations, call (708) 456-0300, Ext. 3854 or 3917, or email [caas@triton.edu](mailto:caas@triton.edu).