East Georgia State College
Office of Enrollment Management
131 College Circle
Swainsboro, Georgia 30401-2699
Phone: (478) 289-2169 ~ Fax: (478) 289-2353
Website: http://www.ega.edu

HOPE SCHOLARSHIP

TRANSFER HOURS

You must provide a Hope Scholarship Transfer Hours form for each Technical College attended

Institution _____

Student Name: _____ Degree Program: _____

Student SSN: _____

Please list all hours from any certificate or diploma program that transferred into an Associate Degree program. If zero hours transferred confirm below.

_____ Zero hours transferred from certificate or diploma into an Associate Degree.

(Circle One)

Qtr/Sem	COURSE	GRADE	ATT HRS	GPA HRS	QUAL PTS	CUM HRS	
201302	SCT 100	A	3	3	12	3	

TOTAL HOURS: _____

College Official's Signature: _____

Title: _____

Date: _____

This form must be completed and returned to EGSC Enrollment Management Office prior to HOPE/ZELL being awarded