



## COMMON/COALITION APP OUTBOUND TRANSFER FORM

Dean of Students Office Student Center, Suite 307 2250 N. Sheffield Ave., Chicago, IL 60614	Email: deanofstudents@depaul.edu	Fax: 312-362-8055
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What are the Common and Coalition Apps? They are undergraduate college admission applications that are used to apply to member colleges and universities across the US and other countries. For more info visit: <https://www.commonapp.org/Login> or <https://www.coalitionforcollegeaccess.org/>

Complete this form with the correct school delivery information (fax, email or physical address), print and sign. **Indicate which app is being sent to each school by checking the appropriate box.** Deliver this form (in-person, email or fax – info listed above), along with the Transfer College Report Common App Form or Coalition App Form to the **Dean of Students Office**. Please allow 5 business days to process. You will receive an email to your preferred email address in Campus Connect once your request has been sent. If you do not complete all necessary information your request will be delayed.

Student Information		
Last Name	First Name	Middle Name
DePaul Student ID #		

Coalition <input type="checkbox"/> Common <input type="checkbox"/> Deliver To (1)	Coalition <input type="checkbox"/> Common <input type="checkbox"/> Deliver To (2)	Coalition <input type="checkbox"/> Common <input type="checkbox"/> Deliver To (3)
School	School	School
E-mail Or Fax	E-mail Or Fax	E-mail Or Fax
Address Line 1	Address Line 1	Address Line 1
Address Line 2	Address Line 2	Address Line 2
City, State, Zip	City, State, Zip	City, State, Zip
Coalition <input type="checkbox"/> Common <input type="checkbox"/> Deliver To (4)	Coalition <input type="checkbox"/> Common <input type="checkbox"/> Deliver To (5)	Coalition <input type="checkbox"/> Common <input type="checkbox"/> Deliver To (6)
School	School	School
E-mail Or Fax	E-mail Or Fax	E-mail Or Fax
Address Line 1	Address Line 1	Address Line 1
Address Line 2	Address Line 2	Address Line 2
City, State, Zip	City, State, Zip	City, State, Zip

I authorize DePaul University to release this information to the schools listed above.	
Student's Signature (required for release) <div style="background-color: yellow; height: 20px; width: 100%;"></div>	Date
<b>Dean of Students Office Use Only:</b> Complete and sent to UR _____ Date _____	