



# TRANSFER LETTER/FEE WAIVER REQUEST FORM

Monroe Community College  
Phi Theta Kappa  
Alpha Theta Iota Chapter

Date \_\_\_\_\_

Name \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Student ID Number \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_

NAME and ADDRESS of College(s) to Send Letter(s). Use back for more room or attach a separate list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Inducted into Honor Society: \_\_\_\_\_  
(Phi Theta Kappa)

Copy of Letter to Student \_\_\_\_\_  
Yes No

Date Mailed \_\_\_\_\_ (office use only)

*Return this completed form to the Campus Center Office (Brighton 3-126)  
Please allow one week for processing.*