



ASSUMPTION COLLEGE
WORCESTER, MASSACHUSETTS

Progress Report Form for Transfer Applicants

Applicant's Name: _____
Last First Middle

Name of institution you currently attend: _____

This completed form should be mailed or faxed to:

Office of Admission – Transfer Counselor
Assumption College
500 Salisbury Street
Worcester, MA 01609-1296
508.799.4412 fax
508.767.7285 office
866.477-7776 toll-free
www.assumption.edu

Course	Grade	Professor's Signature	Comments

By signing or typing my name, I affirm that all the information in this document is true and accurate.

Signature _____

Date _____
