

# Running Start High School Transfer Form

*when complete, return this form to runningstart2@ewu.edu*

EWU ID #	Term/Year	Last Name	First Name
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## High School You are Leaving

Name of high school	Name of your counselor
Date last attended	Number of classes taking there

## High School You Are Moving to:

Name of high school	Name of your counselor
Date first attended	Number of classes taking there

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**X**  
Pen to Paper Student Signature

**X**  
Pen to Paper Parent Signature

