

## Notice to Transfer to Another University or College

Issued under Public Act 316 of 1986. Filing is voluntary.

The Beneficiary (student) must submit this form to MET to **transfer** to a different university or college.

If you have been using your MET educational benefits at a Michigan public institution, you may use this form only to transfer between Michigan public universities and colleges. To have MET funds paid to a Michigan independent (private) or out-of-state institution, you must complete the "Notice to Terminate a MET Educational Benefits Contract" (Form 2773) and supply the required documentation.

Beneficiary Name (Student)	Last four of Beneficiary's Social Security Number
Street Address	Telephone
City, State, ZIP Code	Email Address
Name of University/College Transferring To	City and State of University/College Transferring To
Semester Benefits to Transfer (Select One): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:	Is this a Dual-Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list the semester(s) and year that the transfer applies to _____
Comments	
Signature of Beneficiary (Student)	Date

**MAIL COMPLETED FORM TO:**  
**Michigan Education Trust**  
**PO Box 30198**  
**Lansing MI 48909**

**Fax: 517-763-0124**  
**Email: [TreasMET@Michigan.gov](mailto:TreasMET@Michigan.gov)**