



Intent to Transfer Form

Holy Family University and Bucks County Community College enter into this Transfer Articulation Agreement to allow students admitted into a designated associate's degree program at Bucks County Community College to be automatically admitted into a bachelor's degree program at Holy Family University:

- Students can complete this form as newly-admitted associate degree candidates to Bucks County Community College or at any time prior to having earned 45 college level credits.
- Students in Education programs must have at least a 2.8 GPA. (A student may be granted one semester at Holy Family to raise his/her average to 2.8).
- Only courses with a grade of C or better will be accepted for transfer credit.
- Send all information to:

Holy Family University, Admissions Office, 9801 Frankford Avenue, Philadelphia, PA 19114

| Name | | |
|---|-------------------------------|--|
| | (please print) | |
| Social Security Number | Date of Birth | |
| Address | | |
| City | StateZip Code | |
| hone (H)Phone (Work or Cell) | | |
| E-mail address | | |
| Gender:M | IaleFemale | |
| Housing Preference: | CommuterResident | |
| Campus Preference:N | Iortheast PhiladelphiaNewtown | |
| Have you ever applied and/o If yes, what year? | | |
| Semester you wish to enter: | Fall Spring Year | |
| Status: Full-tim | ne Part-time | |

Associate degree program in which you are currently enrolled in at Bucks:

| Intended Major at Holy Family | University: | | |
|---|---|---------------------|--|
| High School Attended: | | Date of Graduation: | |
| HS City | HS State | | |
| Colleges and/or Universities A | ttended: | | |
| Name of Institution | City/State | Dates of Attendance | |
| *Failure to list a previously attended institutio Additional Information (Your ar | nswers to the following question | | |
| affect the review of your application | in any way.) | | |
| Hispanics of any race | an Native Asian Asian Native Hawaiian or Pa Race/Ethnicity Unkno | _ | |
| Religion Catholic Protestat Buddhist Hind I certify that the answers to the above Any omission, misrepresentation, or | u Other | | |

Signature _____ Date_____

By signing this Intent to Transfer Form, I acknowledge that I have read and understand the conditions of the Transfer Articulation Agreement. In addition, I understand that my signature gives Bucks County Community College and Holy Family University the right to exchange information regarding my academic programs at Bucks County Community College and Holy Family University.