



## **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.