

Letter of Intent for Articulated Transfer

Please complete the following information and submit to the BCCC Advising & Transfer Center. Forms should be submitted prior to completion of 30 credits toward your AA degree at BCCC.

First Name:		Last Name:	
Date of Birth:	_(mm/dd/yy)	BCCC Student Number	r:
Phone Number:		Email address:	
Mailing address:			
City: State	e:	Zip:	
tended Major at PCAD:		Current Major at BCCC:	
Expected BCCC Graduation:	(semester/year)	Current GPA at BCCC:	
Current number of completed credits:	Number of credits		progress:
Desired Enrollment at PCAD: Fall	(year)		
Other Post-Secondary Institution(s) Attended:			
Name:	Credits Earned:		GPA:
Name:	Credits Earned:		GPA:
Name:	Credits Earned:		GPA:
By signing this form, I certify that the above information another concerning my academic performance, as well	_		
My signature below indicates that I understand and ag the guaranteed admission transfer agreement. If I hav understand that I may apply for admission under the r	e not met the requirer	ments outlined in the guara	
I understand that my application for admission under	this agreement is due	by April 1 for transfer the fo	ollowing fall.
My enrollment may be deferred up to one year after t	he acceptance by PCA	D under this agreement.	
I understand that my admission to PCAD under this ag Graphic Design or Fine Arts from BCCC with a cumulat benefits of this agreement if I do not meet these requ	ive 2.5 GPA; 3.0 GPA i		
If I decide not to attend PCAD under this transfer agre	ement, I will notify PC	AD in writing by emailing ac	dmissions@pcad.edu.
Student Signature:		Date	2:
Printed Name:		Date	e:

FOR OFFICE USE ONLY- Mail or Email completed form to Director of Admission - 204 N. Prince St., P.O. Box 59, Lancaster, PA 17608 Email: admissions@pcad.edu