**West Chester University Dual Admission Program  
Intent to Enroll Form:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bucks ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternative Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for West Chester University to reach out to you via text messages? Yes No

*"Normal Text and Data Rates May Apply"*

Bucks email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Status: US Citizen Non-US Citizen Other

Have you previously completed/submitted an Intent to Enroll form for West Chester University? Yes No

Do you currently have 30 or fewer transferable college-level credits? Yes No

Have you ever previously applied to West Chester University? Yes No

Were you ever a matriculated student at West Chester University? Yes No

What is your current GPA at Bucks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended any additional accredited colleges/universities? Yes No   
If Yes, how many graded, college-level credits have you completed (including “F” grades)? \_\_\_\_\_\_\_\_\_\_\_\_\_

*Students must have less than 30 college level courses in order to participate in this agreement*

Have you transferred your credits from that college to Bucks? Yes No

*(Students must have no more than 30 transferable credits from all institutions attended in order to be eligible)*

What is your current major at Bucks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your intended major at West Chester University?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your expected Bucks graduation term?

Which semester do you expect to enroll at West Chester University?

Fall Year \_\_\_\_\_\_\_\_ Spring Year \_\_\_\_\_\_\_\_\_\_\_\_\_

Bucks students who participate in the Program and return the Transfer Letter of Intent to Enroll Form at one (1) year prior to enrollment at WCU and graduate from Bucks will qualify for a transfer scholarship.

Do you plan on attending as a (circle one): Resident Commuter

*If interested in On-Campus housing this form and a completed application must be submitted to WCU at least 3 months prior to the start of the semester.*

By adding my full name to the line below, I am stating that I wish to participate in the Dual Admission Program that enables Bucks students to be admitted to West Chester after receiving an Associate Degree at Bucks and fulfilling other program conditions. I authorize Bucks and West Chester University to exchange necessary personal information, as needed and as identified by the Family Educational Rights and Privacy Act as Amended (FERPA), including the information on this form and my academic transcript data (such as courses, grades, GPA, academic standing, etc.) that will facilitate my transfer to and ongoing evaluation of the Dual Admission Program.

In addition, I am acknowledging that I know that it is MY RESPONSIBILITY to APPLY to the 4-year institution(s) the SEMESTER BEFORE I enroll/start at West Chester University. I also understand that this Bucks and West Chester University Dual Admission Intent to Enroll form can be voided by me, the student, at any time with written notification to Bucks’ Transfer Office and West Chester University’s Office of Admissions.

Student’s Signature: Date

Advisor’s Signature: Date