EXHIBIT C

DUAL ADMISSIONS INTENT TO ENROLL FORM

SAINT JOSEPH'S UNIVERSITY
AND
BUCKS COUNTY COMMUNITY COLLEGE

FIRST NAME MIDDLE NAME OR INITIAL LAST NAME

ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

E-MAIL ADDRESS

DATE OF BIRTH MAIDEN NAME (IF APPLICABLE)

Have you ever applied to Saint Joseph's University? ☐ Yes ☐ No
Have you ever attended Saint Joseph's University? ☐ Yes ☐ No
If you answered yes, please provide dates of enrollment _____

Please note that students who have previously attended Saint Joseph's University are only permitted to apply for this Dual Admissions Agreement on the basis that they left SJU in good academic standing and have not violated SJU's Community Standards Policy. Contact the Office of Undergraduate Admissions for more information.

Have you completed 30 transferable credits at Bucks? ☐ Yes ☐ No
What is your current cumulative Bucks County Community College GPA? _____
Anticipated Graduation Date from Bucks County Community College: Semester / Year _____ / _____
INTENDED MAJOR at Saint Joseph's University _____
Anticipated Enrollment Date at Saint Joseph's University: Semester (fall, spring, summer) / Year_____/_____

All fields are required.

I have read and understand the conditions of the Dual Admissions Agreement. In addition, I understand that my signature gives Bucks County Community College and Saint Joseph's University the right to exchange information--including, but not limited to, academic standing and grade point average information--regarding my academic progress at Bucks County Community College and Saint Joseph's University. I also understand that it is my responsibility to apply for graduation at Bucks County Community College and, if I do not, it may jeopardize my Dual Admission status at Saint Joseph's University. I also understand I must submit a formal application to Saint Joseph's University.

STUDENT SIGNATURE _____ DATE _____

COUNSELOR SIGNATURE _____ DATE _____