

Bucks County Community College and Temple University

DUAL ADMISSIONS INTENT TO ENROLL FORM

Former Temple University students are not eligible for this program.

PLEASE PRINT

Name: _____ Date of Birth _____

Last four digits of SSN: _____ BCCC ID # _____

Address: _____

City _____ State _____ Zip _____

Primary phone: _____ Email address: _____

Do you currently have 30 or fewer credits from BCCC and any other institution? (Students must have thirty or fewer completed credits from all institutions attended in order to be eligible for Dual Admissions.)

Yes _____ No _____

Have you previously attended another college? Yes _____ No _____

If yes, what institution(s) _____

Note: Failure to disclose credits earned from other institutions may negate program eligibility.

Major at BCCC: _____

Semester you began at BCCC (m/y) _____

Expected Date of Graduation from BCCC: _____

Intended major after transfer: _____

(Dual Admissions does not guarantee admission into specific majors as some majors have additional admission requirements)

Date you expect to enroll at Temple: _____

I wish to enroll in the Dual Admissions Program with Temple University. This program allows me to be admitted into Temple University after meeting certain conditions, and completing my associate degree from BCCC. I understand that I must complete Temple's online application and indicate that I am a Dual Admissions student; the semester before I am ready to transfer by the required deadline. I understand that Temple University will waive my application fee. I understand that a minimum 2.3 cumulative GPA is required for Dual Admission into Temple (and a 3.3 or higher GPA for scholarship). I authorize BCCC and Temple to exchange information, as needed, including the information on this form, and academic transcript data, in order to facilitate my transfer under this agreement. I understand that it is my responsibility to apply for graduation at BCCC and that in order to maintain my Dual Admissions status, I must enroll at Temple within one year of my graduation and cannot attend another institution of higher learning before I enroll at Temple.

Student's signature: _____ Date: _____

Return to the BCCC Office of Enrollment Services, Linksz Pavilion, First Floor

FOR BCCC OFFICE USE ONLY

BCCC: Start Term _____ Term Reg _____ Completed Credits _____

Prior C/U _____ Tran _____

Prior C/U _____ Tran _____

Eligible _____ BCCC Signature _____ Date _____