

Bucks County Community College and USciences Letter of Intent Form

Please complete the following information; print clearly. Incomplete applications will not be accepted. Please turn completed form into the Bucks Advising & Transfer Center. You will receive an electronic information package from USciences in the near future.

Name: _____ Date of Birth: ____/____/____

Bucks ID #: _____

Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____

I consent to be contacted by USciences at the cell phone number provided above (circle one): YES NO

Have you ever attended USciences (circle one): YES NO *If yes, specify year: _____*

Semester/Year you began at Bucks: _____ Expected Bucks graduation date: _____

Major at Bucks: _____ Number of credits earned at Bucks: _____

Have you attended another college prior to Bucks (circle one)? YES NO

If yes, what institution(s): _____ Number of credits earned: _____

Intended Major/Program at USciences: _____

Intended enrollment date at USciences (circle one): FALL SPRING YEAR: _____

By completing this form, I acknowledge that I have read and understand the conditions of the articulation agreement between University of the Sciences and Bucks County Community College, and the information provided above is true, correct, and complete. USciences reserves the right to rescind any offer of admission to students who provided untruthful and/or incorrect information. In addition, I give the right to USciences and Bucks to exchange information regarding my academic progress at both institutions.

Student signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

Bucks Counselor Signature: _____ Date: ____/____/____

Questions may be directed to the USciences Transfer Admission Office via email at transfer@usciences.edu or via phone at 888-996-8747