VCCS-VCU STUDENT LETTER OF INTEREST IN TRANSFERRING FORM

Student name: _____

Social Security number (optional):_____ Date of birth: _____

Address: _____

_____

Phone: _____ VCCS e-mail address: _____@email.vccs.edu

Virginia Community College in which I am enrolled: _____

VCCS program in which I am enrolled:

___ Certificate of General Education ___ Associate of Arts ___ Associate of Science

___ Associate of Arts and Sciences ___ Other (please indicate _____)

Expected graduation date from VCCS: _____ Expected transfer date to VCU: _____
(semester and year) (semester and year)

Degree program I want to enter at VCU: _____

In accordance with the provisions of an established Guaranteed Admission Agreement between the Virginia Community College System (VCCS) institutions and Virginia Commonwealth University (VCU), this Letter of Interest is submitted after I have completed at least 15 transferable credits at this Virginia Community College and prior to the completion of the transfer-oriented certificate or degree program as evidence of my interest and intent to transfer to VCU. Upon completion of the degree program at the Virginia Community College in which I am enrolled, I intend to transfer to VCU to pursue a baccalaureate degree.

I understand that by submitting this Letter of Interest, and its signing by an authorized VCCS representative, I am guaranteed admission to VCU, but not guaranteed admission to VCU programs that have additional admission requirements for all applicants. I also understand that I must maintain a cumulative 2.5 GPA and maintain continuous enrollment at a VCCS institution with no more than one non-summer semester without enrollment, that I will not be able to transfer grades of D or F, and that I must abide by VCU's continuous enrollment policy. If I fail to meet these requirements, I am not eligible for participation in the Guaranteed Admission Agreement.

After completion of the above data and reading the information, sign this Letter of Interest and take it to your VCCS Institutional Authorized Representative for signature, then send it to the Office of Undergraduate Admissions, Virginia Commonwealth University, 821West Franklin Street, P.O. Box 842526, Richmond, VA 23284-2526. This Letter of Interest will be held on file in VCU's Office of Undergraduate Admissions.

_____

Student signature Date

_____

VCCS institutional authorized representative Date