

**A FAX FROM A PROSPECTIVE TRANSFER STUDENT
TO ARCADIA UNIVERSITY**

TO: Collene Pernicello
Director of Transfer and Part-time Undergraduate Admissions

FAX: 215-572-4049

FROM: _____

DATE: _____

Please evaluate the attached transcript(s) for possible transfer credit to Arcadia University.
Below is my contact information.

PLEASE PRINT ALL INFORMATION!

NAME (first and last)_____

Daytime Contact Number_____

Email Address _____
(the credit evaluation will be emailed to you)

Fax Number_____

Address_____

City_____ State_____ Zip_____

Intended Major at Arcadia University**_____

I would like to begin: Fall 20__ Spring 20__

I intend to be: (check one) full time part time

I intend to attend classes during the (check one) day evening

**Please note that not all majors are available in the evening. Also, a portfolio review is required for all Fine Arts students.

Number of pages (including this cover sheet) _____

Note: Please make sure that the correct college name is clearly printed on each transcript.

