

To the **student**: Please complete this form, then submit it to your School Counselor/Registrar. This form should accompany your final official high school transcript sent by your school. *This will ensure the most efficient processing of your Transfer Application to Villanova University.*

Name of Student: _____ Villanova Applicant #: _____
First M. Last

Term applying to Villanova: Fall _____ OR Spring _____ Date of birth #: _____
(MM/DD/YYYY)

Home Address: _____
Street / PO Box City State Zip

High School: _____ Graduation: _____
Name City / State Month / Year

Signature of student authorizing release of official transcript

Signature Date

To the **secondary school official**: Thank you for completing this form and sending it along with the final official high school transcript on behalf of the student listed above to Villanova University.

Contact of School Official (School Counselor or Registrar):

Name

Title

Signature of school official

Signature Date

Please return completed form via regular mail, email attachment (preferred) or fax as listed below. Any questions should be directed to 610-519-4008.

MAIL: Office of Undergraduate Admission
 Transfer Coordinator
 Villanova University 800 Lancaster Avenue
 Villanova, PA 19085

EMAIL: transfertovu@villanova.edu

FAX: 610-519-6450

