



# LEHIGH UNIVERSITY

## Transfer Intent Form

This form is to be filled out by the student before completion of 30 credits at Montgomery County Community College, but before application to Lehigh University.

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_  
\_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_

Intended Entrance to Lehigh: \_\_\_\_\_ **Spring** 20 \_\_\_\_\_ or **Fall** 20 \_\_\_\_\_

Montgomery C.C.C. Program Advisor: \_\_\_\_\_

Montgomery C.C.C. Program Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I confirm that I am in good standing at Montgomery County Community College and intend on applying for Admission to Lehigh University after completion of my Associate's Degree. I acknowledge that my application fee will be waived upon receipt of this form. I also request that Lehigh University send me information regarding transfer admissions.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_