



VILLANOVA
UNIVERSITY

Transfer Student Request for Final High School Transcript

Please fill in the required information below and submit the completed form to your High School Guidance Counselor. *This will ensure the most efficient processing of your Transfer Application for Admission.* This form should accompany your official final high school transcript and should be sent directly from your high school:

Transfer Student Name: _____

Date of Birth: _____ MM/DD/YYYY)

Home Address: _____

Telephone Number: (_____) _____

High School Name: _____

High School City/State: _____

Current Institution Attending: _____

Current Institution City/State: _____

Applying to Villanova for the (please enter the year): Fall _____ Spring _____

Your High School Guidance Counselor should send this completed form and your official final transcript to:

Villanova University
Office of University Admission
Attention: Transfer Counselor
800 Lancaster Avenue
Villanova, PA 19085-1672

If you have any questions or concerns, please contact Anne Marie Pisani at anne.marie.pisani@villanova.edu or at (610) 519-4008.