Transfer Applicant request for Final High School Transcript

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

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