



**A REQUEST FROM A PROSPECTIVE TRANSFER STUDENT TO
UNIVERSITY OF THE SCIENCES**

To: Transfer Counseling Team

Fax: 215-596-8821

Email: transfer@usciences.edu

From: _____

Date: _____

Total number of pages including this cover sheet: ____

Please evaluate the attached transcript(s) for possible

transfer credit prerequisite fulfillment (professional phase programs)

for University of the Sciences. Below is my contact information.

PLEASE PRINT ALL INFORMATION

First Name: _____ **MI:** ____ **Last Name:** _____

Daytime Phone Number: _____ **Date of Birth:** _____

Email Address (Please provide an email address for us to send your results):

Mailing Address: _____

City/State/Zip: _____

Intended Major at USciences: _____

I would like to start classes in ____ **2013** __ **2014** __ **2015**

Other questions I have for the Transfer Team: