

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
mm/dd/yy

Phone (Home): \_\_\_\_\_ Phone (Work/Cell): \_\_\_\_\_

Current VCCS School \_\_\_\_\_ VCCS Student ID \_\_\_\_\_

I certify that I intend to transfer to the O ct { "Dcrf y kp" Wpkxgtuk{ under the Guaranteed Admission Agreement (GAA) and enroll in the \_\_\_\_\_ semester.

My intended major is \_\_\_\_\_

My signature below indicates that I understand and agree to the following requirements in order to be eligible for the GAA between VCCS and ODW:

- I must graduate from a VCCS AA&S, AS or an AA Transfer Program with a minimum cumulative GPA of 2.0 on a four-point scale prior to matriculation to ODW. The GAA is invalid if I matriculate to another institution prior to ODW.
- I must complete the appropriate application for admission and provide all required supporting documents" by the suggested application filing date.
- By signing this form, I certify that the above information is truthful. I also give permission to both ODW and the above community college to release information to one another concerning my academic" performance as well as to report any judicial or honor violations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by a VCCS Counselor  
Student's cumulative GPA after 45 credits completed: \_\_\_\_\_  
If degree has been conferred, final VCCS cumulative GPA: \_\_\_\_\_  
VCCS Counselor Signature \_\_\_\_\_ Print Name: \_\_\_\_\_  
Counselor Phone: \_\_\_\_\_ Counselor Email: \_\_\_\_\_

Remit to: ODW Qhleg"qh"Cf o kulkpu"  
323"G'Hgf gtlemlC'xg"  
Ucwpvqp."XC"46623

cf o kB o ct { dcrf y kpQf w \*\*\*\*\*  
o ct { dcrf y kpQf w  
762/: : 9/95; 3