



**Rappahannock Community College • Christopher Newport University Guaranteed Admission and Reverse Transfer Agreement**

***Intent to Transfer***

I, \_\_\_\_\_, intend to transfer to **Christopher Newport University** under the terms of the Guaranteed Admission and Reverse Transfer Agreement established between **Rappahannock Community College** and **Christopher Newport University**. I understand I must abide by the policies described in the agreement. I also understand that signing this Intent to Transfer form will not obligate me to attend this four-year university.

I have read and understand the Guaranteed Admission and Reverse Transfer Agreement between Rappahannock Community College and Christopher Newport University. I agree to adhere to the policies in the agreement based on the option I selected below. I will abide by the requirements, procedures, and deadlines for admission into Christopher Newport University. By participating in this agreement, I authorize Christopher Newport University to provide feedback to Rappahannock Community College regarding my degree progress, academic eligibility, graduation, and post-graduation outcomes.

I plan to enroll under the:  Guaranteed Admission Agreement  Guaranteed Reverse Transfer Agreement

*Students who enroll under the Guaranteed Reverse Transfer Agreement authorize Christopher Newport University to provide official transcripts to the transfer institution for the purpose of reverse transfer.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

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

Anticipated term of enrollment at Christopher Newport:  Fall Semester  Spring Semester 20\_\_\_\_\_

Anticipated major at Christopher Newport: \_\_\_\_\_

Anticipated graduation date from RCC (if applicable): \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of RCC Transfer Advisor/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Email of RCC Transfer Advisor/Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of RCC Transfer Advisor/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your unofficial RCC transcript to this *Intent to Transfer* form and send to Christopher Newport University via email, fax, or postal mail.**

Christopher Newport University  
Office of the Registrar  
ATTN: Transfer Admission and Enrollment  
1 Avenue of the Arts  
Newport News, VA 23606

Email: [transfer@cnu.edu](mailto:transfer@cnu.edu)  
Fax Number: 757-594-7711