



## 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 Letter of Intent 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 also abide by the requirements, procedures, and deadlines for admission into Christopher Newport University.**

I plan to enroll under the:  Guaranteed Admission Agreement     Guaranteed Reverse Transfer Agreement  
*(select all that apply)*

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

Email address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

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

Anticipated term of entry to CNU: \_\_\_\_\_ Anticipated major at CNU: \_\_\_\_\_

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

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

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

**Please attach a copy of your unofficial RCC transcript to this Letter of Intent 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