

STUDENT LETTER OF INTENT

Germanna Community College Concurrent Enrollment with Guaranteed Admission to the UMW BSN Completion Program

Name: _____
Address: _____
DOB: _____
Tel (Days): _____
Tel (Eves): _____
GCC Student ID No.: _____

I certify that I intend to transfer to the University of Mary Washington under the **Concurrent Enrollment with Guaranteed Admission Agreement to the BSN Completion Program**.

I also certify that I plan to enroll in the _____ semester.

My intended major is: Pre-Nursing (3+1)

By my signature below, I acknowledge that I understand and agree to the following requirements in order to be eligible for the **Concurrent Enrollment with Guaranteed Admission Agreement** between UMW and Germanna Community College:

1. During the summer/s term, I plan to enroll in 1-3 liberal arts courses which are part of the UMW BSN Completion Program. (ENGL 308; PHIL 226; SOCG/PSYC elective from an approved list.)
2. I must complete the AAS in nursing at the community college. I cannot take any of the UMW NURS courses until I present my valid RN license. Upon earning my RN license, I will submit a copy to the BSN Completion Program office and will also submit a *Major Declaration Form* to the UMW Registrar in order to change my major from *pre-Nursing (3+1)* to *BSN*.
3. The **Guaranteed Admission Agreement** becomes invalid if I matriculate to another institution prior to UMW.
4. I must complete the appropriate application for admission to UMW and provide all required supporting documentation AT THIS TIME (NOW).
5. I understand the application fee will be waived under the **Guaranteed Admission Agreement**.
6. If I am applying online, I must contact UMW's Admissions Office for the appropriate fee waiver code for use during my online application submission.

By signing this document, I certify that the above information is truthful. I also give permission to both UMW and Germanna Community College to release information to one another concerning my academic performance as well as to report any judicial or honor violations.

Student's Signature: _____ Date: _____

To be completed by a GCC counselor

Student's GCC Cumulative GPA: _____ Total Credits: _____
Counselor's Name: _____ Counselor's Tel: _____
Counselor's Signature: _____ Counselor's Email: _____

Student: Please request an **official** transcript from each college/university attended be sent to the below address.