



## Statement of Intent

Niagara University, Niagara University, New York 14109

To be completed by students from other colleges and universities who will be transferring credit to their colleges or universities. This form should NOT be completed by students now attending Niagara University. They should register in person on the registration dates listed in this catalog.

Rev.   
  Bro.   
  Sr.   
  Miss   
  Mr.   
  Mrs.

Name in full \_\_\_\_\_  
*Last name* *First name*

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Special Student: \_\_\_\_\_  
*College now attending*

**I will attend the following session(s):**

<b>Undergraduate</b> <input type="checkbox"/> First <input type="checkbox"/> Second	<b>Cross Session</b> <input type="checkbox"/> First	<b>Graduate</b> <input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Second
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**Check one:**   
 I wish to use living accommodations provided by the university  
 I will not need living accommodations

**I intend to register for the following course(s):** *(All offerings to be chosen from those listed in the summer session catalog.)*

Course(s)	Session	Credit Hours

Permission to enroll in the above courses is hereby granted:

\_\_\_\_\_  
*Signature* *College/University*

Dean of \_\_\_\_\_  
*College/School*

**This form should be mailed to:**

**Office of Continuing and Community Education**  
**Dunleavy Hall, Room 103**  
**Niagara University, NY 14109**