



NIAGARA UNIVERSITY

Education That Makes a Difference

This form should be mailed to:
Office of Continuing Education
Dunleavy Hall, Room 103
Niagara University, NY 14109
www.niagara.edu/ce

Statement of Intent: Used for students from other universities transferring NU credit classes to their university.

Name: _____
Last name First name Middle

Address: _____

Phone No. _____ **Date of Birth:** _____

Social Security No. _____

Current college _____

address: _____

phone # & web site: _____

Student Signature _____

I will attend the following session(s):

Undergraduate First Second Cross Session

Graduate First Second Third

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) – current list at www.niagara.edu/records

<i>Course(s)</i>	<i>Session</i>	<i>Credit Hours</i>

Permission to enroll in the above courses is hereby granted:

Signature Dean of College/University