



**SUNY Delhi Partners in Excellence  
Joint Admissions Program**

**Intent to Enroll Agreement**

I understand the requirements, procedures, and responsibilities as described in the Partners in Excellence Joint Admissions Program Agreement between SUNY Delhi and Westchester Community College. Under the terms of the agreement established between SUNY Delhi and Westchester Community College, I understand that I must successfully complete the following requirements to maintain guaranteed admissions eligibility.

1. Graduation from Westchester Community College Associate Degree in Nursing program
2. Cumulative GPA of 2.8 or higher upon graduation
3. Associate Degree in Nursing coursework with a C+ or higher
4. Liberal arts and science courses with a C or higher, including Anatomy and Physiology I & II, Microbiology, English, and Psychology

By signing this Partners in Excellence Joint Admissions Program, Intent to Enroll agreement, I intend to enroll in SUNY Delhi's RN to BSN program following my graduation from my Associate Degree in Nursing program at Westchester Community College. I further understand that I may cancel or revoke this agreement at any time in writing by emailing BSN@delhi.edu.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Email address \_\_\_\_\_

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

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

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

Anticipated Graduation Date: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of SUNY Delhi Transfer Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to:  
Office of Admissions  
SUNY Delhi  
454 Delhi Drive  
Delhi NY, 13753  
or by email to BSN@delhi.edu