APPLICATION FOR TRANSFER CREDIT FOR COLLEGE-LEVEL WORK COMPLETED PRIOR TO MATRICULATION

SMITH COLLEGE
Office of the Registrar
Northampton, MA 01063
(413) 585-2561 phone
(413) 585-2557 fax
registrar@smtih.edu

STUDENT: Please complete the top section and submit to your high school counselor for certification.

99#: ________________ Year Entered Smith: ________________

Name of Student: ____________________________________________

High School: 
Name __________ City __________ State __________

Previous College: 
Name __________ City __________ State __________

List courses for which you are applying for credit:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Required for graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>YES</em> _NO</td>
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<td><em>YES</em> _NO</td>
</tr>
</tbody>
</table>

(list additional courses on back)

The above courses were completed on the college/university campus with matriculated degree students and were not administered through the high school.

___ YES ___ NO

CERTIFICATION OF HIGH SCHOOL

We hereby certify that the student named above completed college-level courses while enrolled in high school. We further certify that:

- the above-listed courses were completed on the college/university campus with matriculated degree students and were not administered through the high school.
- the above-indicated courses/credits are not listed on the student's high school transcript as courses/credits counting toward the requirements for high school graduation.

Comments ______________________________________________________

_______________________________________________________________
School Official (print name) 
Title

_______________________________________________________________
Signature 
Date

High School Counselor: Please complete and return to the above address. Thank you.