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@smith.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>__ YES __ NO</td>
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<td>__ YES __ 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.