FRESHMAN APPROVAL OF TRANSFER CREDIT

Student’s name: _____________________________ Lin # __________________

Student: In order to have college credit evaluated for possible transfer to Lehigh University, complete the information requested below and give this form with a stamped envelope (addressed to the Office of the Registrar, Lehigh University, 27 Memorial Drive West, Bethlehem, PA 18015) to your high school guidance counselor or the college/university program coordinator.

Name of high school: __________________________________________________________________________________________________

Title of Program: __________________________________________________________________________________________________

Name of Host College/University: ____________________________________________________________

Course Number and Title: __________________________________________________________________________

Course Number and Title: __________________________________________________________________________

High School Counselor or College/University Program Coordinator: Complete the information requested below and return this form to Lehigh University Registrar’s Office in the envelope provided by the student.

Please check all of the following statements that apply to this program:

_____ The course(s) is a part of the college/university’s regular college-level curriculum and can be used toward a degree.

_____ The course(s) is taught on the college/university campus by a member of the institution’s faculty.

_____ The predominant population in the course(s) is regular, full-time college students enrolled in a degree program.

Comments:

Please complete the following:

Name: _________________________________ Date: ______________________

Signature: ______________________________

Title: _________________________________ Telephone number: ______________________

School: _________________________________ Fax number: _______________________