FRESHMAN TRANSFER CREDIT PETITION

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 the college/university registrar or program coordinator.

Name of high school: __________________________________________________________

Title of Program: ______________________________________________________________________

Name of Host College/University: ____________________________

Course Number and Title: ______________________________________________________________

Course Number and Title: ______________________________________________________________

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

Please answer the following questions **by circling yes or no:**

1. Is the course(s) part of the college/university’s regular college-level curriculum and eligible for use toward a degree?
   YES    NO

2. Is the course taught by a member of the college/university faculty?
   YES    NO

3. Is the predominant population in the course(s) regular, full-time college students enrolled in a degree program?
   YES    NO

Comments:

Please complete the following:

Name: ____________________________ Date: __________________

Signature: ____________________________

Title: ____________________________ Telephone number: __________________

School: ____________________________ Fax number: __________________