



Registration & Academic Services

Alumni Memorial Bldg, 27 Memorial Drive West
Bethlehem, PA 18015-3090
Phone: 610.758.3200 Web: ras.lehigh.edu
Fax: 610.758.3198 Email: ras@lehigh.edu

FIRST-YEAR APPROVAL OF TRANSFER CREDIT

Student LIN: _____ Name: _____

Student: To have college credit evaluated for possible transfer to Lehigh University, complete the information requested below and have the bottom portion of this form completed by the college/university registrar. (Please use one form per institution attended.)

Prior Institution Where Course(s) Taken: _____

Course Number and Title*: _____

Course Number and Title*: _____

Course Number and Title*: _____

*Students with more than 3 courses can list additional courses on the back of this form.

To be completed by the Registrar or other School Official at the college or university attended:

The above-named student seeks credit at Lehigh University for work completed at your institution. In order to have the credit evaluated for possible transfer to Lehigh, coursework must meet the following criteria:

- The course is regularly offered by an accredited two-year or four-year college or university
- A majority of the students in the course were candidates for a degree at that college or university

If the course(s) listed above meet these criteria, please complete the following information and return this form to the address listed below at your earliest convenience. We appreciate your assistance.

School Name: _____

School Official Name and Title: _____

School Official Signature: _____ **Date:** _____

Submit completed form to: Registration & Academic Services
Lehigh University
27 Memorial Drive West
Bethlehem, PA 18015

Via email: ras@lehigh.edu

Via fax: (610)758-3198