



**FIRST-YEAR APPROVAL OF TRANSFER CREDIT**

LIN: \_\_\_\_\_ Name: \_\_\_\_\_

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**Student:** In order 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.

Name of high school: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Name of Host College/University: \_\_\_\_\_

Course Number and Title\*: \_\_\_\_\_

Course Number and Title\*: \_\_\_\_\_

\*Students with more than 2 courses can list additional courses on the back of this form.

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**College/University Registrar:** Complete the information requested below and return this form to Registration & Academic Services at Lehigh University.

Please answer the following questions by circling yes or no:

Is the course(s) part of the college/university's regular college-level curriculum and eligible for use toward a degree?

YES

NO

Is the course taught by a member of the college/university faculty?

YES

NO

Comments:

Please complete the following:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

School: \_\_\_\_\_