LEHIGH UNIVERSITY

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

LIN: _____ Name: _____

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.

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: _____