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: ________________________

R&P3.1.4