

**APPLICATION FOR TRANSFER CREDIT FOR COLLEGE-LEVEL WORK
COMPLETED PRIOR TO MATRICULATION**

**SMITH COLLEGE
Office of the Registrar
Northampton, MA 01063
(413) 585-2561 phone
(413) 585-2557 fax
registrar@smith.edu**

STUDENT: Please complete the top section and submit to your high school counselor for certification.

99#: _____ **Year Entered Smith:** _____

Name of Student: _____

High School: _____
Name City State

Previous College: _____
Name City State

List courses for which you are applying for credit:

Course #	Course Title	Credits	Required for graduation
_____	_____	___	___ YES ___ NO
_____	_____	___	___ YES ___ NO
_____	_____	___	___ YES ___ NO
_____	_____	___	___ YES ___ NO
_____	_____	___	___ YES ___ NO

(list additional courses on back)

The above courses were completed on the college/university campus with matriculated degree students and were not administered through the high school.

___ YES ___ NO

CERTIFICATION OF HIGH SCHOOL

We hereby certify that the student named above completed college-level courses while enrolled in high school. We further certify that:

- the above-listed courses were completed on the college/university campus with matriculated degree students and were not administered through the high school.
- the above-indicated courses/credits are not listed on the student's high school transcript as courses/credits counting toward the requirements for high school graduation.

Comments _____

School Official (print name) Title

Signature Date

High School Counselor: Please complete and return to the above address. Thank you.