

**COLGATE UNIVERSITY OFFICE OF THE REGISTRAR
APPLICATION FOR TRANSFER OF PRE-MATRICULATION COURSE CREDIT**

Last Name First Name MI ID # Class Yr Date of Birth

*****DO NOT USE THIS FORM FOR AP CREDIT****

Have official transcripts of this coursework been submitted to Colgate's Admissions office? Yes _____ No _____

FOR REGISTRAR'S
OFFICE USE ONLY

Institution Name	Dates of Term or Semester	Subject & Course No.	Course Title	Number of weeks in term	Classroom hours per week	# of semester or quarter credits	CU course

Were these courses taken as part of a high school cooperative program? Yes _____ No _____

Were the courses taken on the college campus, with degree-seeking students at that college? Yes _____ No _____

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AP Credits Approved _____

Transfer credits Approved _____

Total AP/Transfer Credits _____

Registrar's Signature _____

Date of approval _____