Prematriculation Transfer Credit Approval Form

For Credit from Prior Institution

Name: ____________________________________________________________ ID: ________________________ Class: ______________

Institution Attended: ______________________________________________ Term Attended: __________________________

Email: ___________________________________________________________________________________________________________

**Course Information – to be completed by student and department/program**

Pre-matriculation transfer credits are reviewed by the Registrar. Requests for the awarding of pre-matriculation transfer credit must be made to the Office of the Registrar within the first term of study. Any awarding of pre-matriculation transfer credit and formal requests for exemptions after the first term of study require a petition to the Registrar; retroactive approval is not guaranteed.

**Distributives** – Prematriculation transfer credits do not satisfy any part of Distributive, World Culture or interdisciplinary requirements. Students should be aware that some departments and programs have restrictive policies toward transfer credit.

**Potentially Acceptable Transfer Courses** – Courses offered by accredited four year degree-granting institutions are potentially acceptable for transfer credit, provided that the courses are an integral part of an officially defined undergraduate Arts and Sciences curriculum; those given by extension programs, junior or community college are not transferable.

**Requirements for Transfer** – In addition to meeting Dartmouth’s academic standards, a course must be at least three weeks long and meet for a minimum of 30 contact hours.

**Maximum Amount of Transfer Credits** – Students admitted as first-year students may transfer a maximum of four course credits toward the thirty-five required for the Dartmouth degree, whether such credits are earned prior to matriculation or subsequently.

**Course Syllabi** – Student provides department/program with the syllabus/ and includes a copy with this form when submitted to the Registrar’s Office.

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<tr>
<th>Course Number and Course Title</th>
<th>Contact Hours (minimum of 30)</th>
<th>Calculation of Contact Hours - Verification</th>
<th>Department and equivalent course number, non-equiv. (000) or DENIED</th>
<th>Signature from department/program chair or designee</th>
<th>Date</th>
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**Registrar’s Section – to be completed by Registrar’s Office**

Courses approved: □ All □ All except ______________________________________________________________________________________

Special Notes ___________________________________________________________________________________________________________

Approved by ___________________________________________________________________________ on __________________________

☐ SHATRNS (inst. & term info) ☐ Institutional Code ___________ ☐ Batch transcript

☐ SHATERM (max 4 TR) ☐ Workbook