

PRE-MATRICULATION TRANSFER CREDIT VERIFICATION

Student Name: _____ CMC ID#: _____

Part I: To be completed by your high school registrar, principal, or counselor:

I certify that courses listed below were not part of the student's high school program and credit for these courses was not used to satisfy high school graduation requirements.

Name: _____ Title: _____

High School: _____ E-mail or phone: _____

Signature: _____ Date: _____

Part II: To be completed by the college or university registrar where the course was taken:

I certify that the courses listed below were college-level courses taught on the college campus (not at the high school or at a community center) in a traditional classroom setting (not online, not by correspondence, distance learning, etc.) by college faculty. Fellow students enrolled in these courses were duly matriculated college students seeking credit applicable toward degree programs at this institution.

Name: _____ Title: _____

University/College: _____ E-mail or phone: _____

Signature: _____ Date: _____

Course Number	Course Title	Term/Year Taken