

**Prior Institution Verification Form
Request for Transfer Credit**

~ To be completed by the Student. ~

Student Name: _____

Student Tufts ID: _____

Prior Institution Where Course(s) Taken: _____

Course(s) Completed (Subject Area, Course Number, and Title):

To be completed by High School Official: Please check off the box next to the courses that were NOT used toward the student's high school degree.

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

~ To be completed by Guidance Counselor or other School Official at the high school attended. ~

To the Guidance Counselor or other School Official:

The above-named student seeks credit at Tufts University for work completed at a College or University. In order for the student to receive pre-matriculation credit at Tufts, please confirm that the above checked off course(s) were **not** used toward the student's high school degree by checking the box next to each course that was **not** towards the high school degree.

If the course(s) listed above meet this requirement, please complete the following information and return this form to the address listed below at your earliest convenience. We appreciate your assistance.

School Name: _____

School Official Name and Title: _____

School Official Signature: _____ **Date:** _____

Submit completed form to: Office of the University Registrar
Tufts University
Dowling Hall, Room 760
419 Boston Ave.
Medford, MA 02155

