

**Prior Institution Verification Form
Transfer of Credit request**

Part A: 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):

Check box to be completed by college or university official. Please check the box next to the course(s) that meet all criteria noted in Part B.

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

Part B: To be completed by the Registrar or other School Official at the college or university attended.

To the Registrar or other School Official:

The above-named student seeks credit at Tufts University for work completed at your institution. In order to qualify for pre-matriculation credit at Tufts, coursework must meet the following criteria:

1. The course was taken on a college or university campus, and
2. A majority of the students in the course were candidates for a degree at that college or university.

If the course(s) listed above meet these criteria, check the box to the right of each course the criteria applies to 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

