

**Claremont McKenna College
Office of the Registrar**

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| PRE-MATRICULATION TRANSFER CREDIT VERIFICATION |
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Student Name _____

Student's CMC ID Number _____

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.

Print name *Signature*

Title *E-mail or phone number*

High School *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.

Print name *Signature*

Title *E-mail or phone number*

College *Date*

| Course number | Course title | Term/year taken |
|---------------|--------------|-----------------|
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Please list additional courses on reverse