REQUEST FOR
Washington University Credit for
College Courses Completed Prior to Full-Time College Matriculation

Complete Part I and attach the description or syllabus for each course. Give this form and the course description(s) to the Registrar of the college you attended to have Part II completed and submit an official transcript. If the college course(s) appears on your high school transcript, your high school must complete Part III. Have all materials sent to the address at the bottom of this page. Any missing information means the credit will NOT be evaluated or transferred. Course(s) must not have counted toward your high school graduation requirement.

PART I: [to be completed by the student; remember to attach a course description or syllabus for each course]

Print Name: _______________________________ WU Student ID: ________
WU Email Address: _______________________________ Cell Phone #: ________
College where taken: _______________________________
Title of Course: ______________________________________
Title of Course: ______________________________________
Title of Course: ______________________________________
Title of Course: ______________________________________

PART II: [to be completed by the college Registrar or Dean and returned to the address below with an official transcript bearing the registrar's seal or its equivalent.]

I certify that each of the above courses was:
• not part of a high school/college dual credit program,
• taught on the college or university campus,
• enrolled primarily by duly matriculated college students (i.e., high school graduates),
• taught by a college faculty member.

Signature __________________________________________________________________________ Date __________
Place Title __________________________________________________________________________
Official Seal ______ College __________________________________________________________
Here __________________________________________________________

PART III: [to be completed by the high school registrar or administrator and returned to the address below]

I certify that each of the above courses was not counted toward the student’s high school graduation requirement.

Signature __________________________________________________________________________ Date __________
Place Title __________________________________________________________________________
Official Seal ______ School __________________________________________________________
Here __________________________________________________________

Please submit this completed application, course description(s), and transcript to:
Freshman Transcript Evaluation
College of Arts & Sciences
Washington University, Box 1117
One Brookings Drive
St. Louis, MO 63130