



**Application for Transfer
Credit**

Please complete this form as completely as possible. NOTE: Seniors wishing to transfer credits towards completion of graduation requirements must submit this form no later than the end of the first semester of the senior year.

Student Name (please print): _____ Date: _____

Address: _____ Phone: _____

Current Grade: _____

Parent(s)/Guardian(s) Name(s): _____

Academic Course Transfer Request

Name of Course: _____

Place Course Taken (e.g. home, co-op, name of school): _____

Name of Course Instructor(s): _____

Text/Curriculum Used: _____

Date Course began: _____ Date Course ended: _____

Describe the method of evaluation for this course (tests, homework, teacher observations): _____

Grade for Course: _____

How many hours of instruction per week did the student receive? _____

How many hours per week outside of class were required to complete assignments? _____

For requests for pass/fail credit, **a copy of the final exam for the course or the last sequential test given, or other evidence** showing satisfactory completion of the course must be submitted.

Fee Paid: _____ \$ 25.00 (cost for pass/fail transfer credit)

Or, for transfer credit requested WITH A FINAL GRADE counting towards the student's GPA, the Dominion Academy teacher administering the Final Exam must complete this section:

Name of Teacher: _____ Date of Test: _____

Teacher's Signature _____ Test Grade: _____

Teacher's Comments: _____

Fee Paid: _____ \$100.00 (cost for proctored test and grade counting towards GPA)

Request for Transfer of Physical Education Course Credit

Name of Course: _____

Place where course was taken: _____

Date Course began: _____ Date Course ended: _____

Number of **Total Hours** completed:

Types of evidence to be submitted indicating completion of requirement: (certificate of completion, description of activity, coaches recommendation, activity director's explanation of activity, etc.)

Fee Paid: No Fee Required

FOR OFFICE USE ONLY:

Academic Director:

Fulfills requirement for _____ (e.g. Fine Arts, etc.)

No. of credits earned: _____

_____ Approved

_____ Not Approved _____

Signature of Academic Director

Bursar: (when payment is required)

_____ Payment received and recorded in accounts

Check # _____

Amount _____

Date _____

Registrar:

_____ Credit posted to student's record

When completed file this form in the student's academic record.

DA Routing instructions:

Bursar: Record payment, annotate form with payment information, and forward to the Academic Director. If already endorsed by Academic Director, route to Registrar. If there will be a delay, make a copy of the form for Bursar's internal use before forwarding.

School Office: Annotate original with payment information if payment is included, send copy of this form to Bursar with or without payment, and send original with attachments to Academic Director.

Academic Director: Endorse form and send to Bursar with payment if payment is attached or if payment is required but payment is not indicated. If no payment is attached or required, route to Registrar.

Registrar: Post in student's transcript record. If payment is required but payment is not indicated, forward to Bursar. Otherwise, forward to school office for filing in student's folder.