

College Credit Earned Prior to High School Graduation

ID.

Office of the Registrar

Name:

E-mail:	Phone:	
		Accepted as
I certify that the following course(s):		<u>For Office Use</u> <u>Only</u>
1		
Course Name/Department/Number	College/University granting credit	
2Course Name/Department/Number	College/University granting credit	
3Course Name/Department/Number	College/University granting credit	
	(Add additions	al courses on back
Were NOT used to satisfy ANY high school	graduation requirements.	
In order to receive credit for these courses I unde	rstand that I must:	
 arrange for an official transcript to be sent direction to the Registrar's Office at Illinois W 		_
 meet all other provisions of the <i>University Cat</i> Credit available in the Registrar's Office). 	talog (see in particular the University Policy o	n Transfer of
Providing false or misleading information in this re	egard can result in separation from the Unive	ersity.
Student Signature	Date	
Registrar's Signature	Date	

|--|

Addit	tional course(s):		Accepted as For Office Use Only
4	Course Name/Department/Number	College/University granting credit	
5	Course Name/Department/Number	College/University granting credit	
6	Course Name/Department/Number	College/University granting credit	
7	Course Name/Department/Number	College/University granting credit	
8			
9	Course Name/Department/Number	College/University granting credit	
		College/University granting credit	
	Course Name/Department/Number	College/University granting credit	
11	Course Name/Department/Number	College/University granting credit	
12	Course Name/Department/Number	College/University granting credit	
13	Course Name/Department/Number	College/University granting credit	
14	Course Name/Department/Number	College/University granting credit	
15	Course Name/Department/Number	Callaga / University and at the same this	
	Course Name/Department/Number	College/University granting credit	