THE COLLEGE OF WOOSTER

Post-Secondary Education Option (PSEO) Review

Part I- To be completed by the student:

Student Name _____ **Year of High School Graduation**_____

High School _____ **City/State**_____

Location of PSEO course ☐ College Campus ☐ High School ☐ Online ☐ Other _____

- Credit earned for college-level courses that are taught by college instructors in the high school or dual credit program will **not** be accepted at Wooster. Only college classes taught on a college campus with other college students earn credit as long as the grade is a "C" or higher. The courses must also be compatible with Wooster's curriculum.

- Wooster does **not** grant credit for online, distance learning courses and credit based on performance from the College Level Examination Program (CLEP). Additionally, credit is **not** granted for participation in programs sponsored by the National Outdoor Leadership School (NOLS) or Semester at Sea programs.

College/University where course was taken _____

- Upon receipt of the official college transcript or credit document, the Associate Registrar will determine, with the assistance of the appropriate departments, how the credit will be awarded. An official college transcript should be submitted to: The Office of the Registrar, c/o Kristine Jamieson, 1189 Beall Ave. Wooster, Ohio 44691.

Part II- To be completed by the High School counselor:

Transfer Credit and Graduation Requirements

- College level course work which fulfills a graduation requirement for the high school will not be considered as transfer credit. Below, please indicate the course(s) which the above student is taking that will **not** be fulfilling a high school graduation requirement.

Course Number and Course Name	Additional Comments

*For additional courses, please use the following page.

By signing this document I am confirming that the course(s) listed above were taken on a college campus, taught by a college professor, were not on-line, hybrid, or distance education courses and will not be counting as a high school graduation requirement.

_____ _____ _____
Printed Name Position/Title Date

_____ _____ _____
Signature Email Address: Work Phone Number:

Upon completion of this form, please mail to: The Office of the Registrar, c/o Kristine Jamieson, 1189 Beall Ave. Wooster, Ohio 44691

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Additional Courses:

Course Number and Course Name	Additional Comments

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