Post-Secondary Education Course Review Form

Student Name: ______________________________ Date of Graduation: ______________

High School Attended: ______________________ City/State: ______________________

Guidance Counselor: ______________________ Guidance Counselor Signature: ______________________

Guidance Counselor Phone #: __________________ Guidance Counselor email: ______________________

Post-Secondary Courses Not Used Toward High School Degree Requirements:
Any college courses used to fulfill high school graduation requirements are not eligible for credit at The College of Wooster. On-line, distance education, and hybrid (part on-line, part in-class) courses are not eligible for transfer. In addition, college/university courses taught at the high school, even by college/university professors are not eligible for transfer. A maximum of 32 semester hours (8 course credits) may transfer for incoming first year students. As part of the credit evaluation process, this form must be signed by your high school guidance counselor and submitted to Kristine Jamieson, Associate Registrar at: kjamieson@wooster.edu; fax: 330-263-2260; or via mail: 1189 Beall Avenue Wooster, Ohio 44691 to verify that the courses listed below did not count toward earning your high school diploma.

Course Title/Department: ______________________________ Course #: __________________

# of credits: ________ Grade: ________

Course Location: On college campus: ___ On-line: ___ At high school: _______ Hybrid/Distance Ed: _______

University/College: ______________________________ City/State of College/University: ______________________

Course Title/Department: ______________________________ Course #: __________________

# of credits: ________ Grade: ________

Course Location: On college campus: ___ On-line: ___ At high school: _______ Hybrid/Distance Ed: _______

University/College: ______________________________ City/State of College/University: ______________________

Course Title/Department: ______________________________ Course #: __________________

# of credits: ________ Grade: ________

Course Location: On college campus: ___ On-line: ___ At high school: _______ Hybrid/Distance Ed: _______

University/College: ______________________________ City/State of College/University: ______________________
Course Title/Department: ____________________________________________ Course #: ____________

# of credits: ________ Grade: ________

Course Location: On college campus: _____ On-line: _____ At high school: ________ Hybrid/Distance Ed: ________

University/College: __________________________ City/State of College/University: __________________________

Course Title/Department: ____________________________________________ Course #: ____________

# of credits: ________ Grade: ________

Course Location: On college campus: _____ On-line: _____ At high school: ________ Hybrid/Distance Ed: ________

University/College: __________________________ City/State of College/University: __________________________

Course Title/Department: ____________________________________________ Course #: ____________

# of credits: ________ Grade: ________

Course Location: On college campus: _____ On-line: _____ At high school: ________ Hybrid/Distance Ed: ________

University/College: __________________________ City/State of College/University: __________________________

Course Title/Department: ____________________________________________ Course #: ____________

# of credits: ________ Grade: ________

Course Location: On college campus: _____ On-line: _____ At high school: ________ Hybrid/Distance Ed: ________

University/College: __________________________ City/State of College/University: __________________________

Course Title/Department: ____________________________________________ Course #: ____________

# of credits: ________ Grade: ________

Course Location: On college campus: _____ On-line: _____ At high school: ________ Hybrid/Distance Ed: ________

University/College: __________________________ City/State of College/University: __________________________

Course Title/Department: ____________________________________________ Course #: ____________

# of credits: ________ Grade: ________

Course Location: On college campus: _____ On-line: _____ At high school: ________ Hybrid/Distance Ed: ________

University/College: __________________________ City/State of College/University: __________________________

Additional Comments: