

Davis Degree Program

FORM FOR COLLEGE TRANSCRIPT



To: Registrar

The individual listed below is applying for admission to Wellesley College. She would like to have credit earned at your institution transferred toward her baccalaureate degree. In order to apply for transfer credit and complete her application, she will need the following credentials from your institution:

1. An official transcript.
2. A course description of each course (by number and title) in the catalog from the time she was enrolled.
3. A statement of the degree requirements (number of academic units, credits, semester or quarter hours) for an A.A. or B.A. at your institution at the time she was enrolled.
4. A statement of the minimum letter grade required for credit if courses were taken on a pass/fail basis.

Please return this form with the official transcript.

Send credentials to: Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

Name _____
First Middle Last

Address _____
Street and Number City State Zip

Telephone _____

She attended your school under the name of: _____

Name of institution and dates attended _____
Name Dates Attended

Student's signature _____ Date _____

Davis Degree Program

FORM FOR COLLEGE TRANSCRIPT



To: Registrar

The individual listed below is applying for admission to Wellesley College. She would like to have credit earned at your institution transferred toward her baccalaureate degree. In order to apply for transfer credit and complete her application, she will need the following credentials from your institution:

1. An official transcript.
2. A course description of each course (by number and title) in the catalog from the time she was enrolled.
3. A statement of the degree requirements (number of academic units, credits, semester or quarter hours) for an A.A. or B.A. at your institution at the time she was enrolled.
4. A statement of the minimum letter grade required for credit if courses were taken on a pass/fail basis.

Please return this form with the official transcript.

Send credentials to: Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

Name _____
First Middle Last

Address _____
Street and Number City State Zip

Telephone _____

She attended your school under the name of: _____

Name of institution and dates attended _____
Name Dates Attended

Student's signature _____ Date _____