

Duke University

OFFICE OF THE UNIVERSITY REGISTRAR
1121 WEST MAIN STREET, SUITE 1200
DURHAM, NC 27701

TELEPHONE: 919.684.2813
FAX: 919.684.4500
EMAIL: REGISTRAR@DUKE.EDU

PREMATRICULATION CREDIT INFORMATION TO BE COMPLETED BY HIGH SCHOOL

Student Name: _____ Duke School Attending (check one):
 Pratt School of Engineering
Duke Student ID: _____ Trinity College of Arts & Sciences

College or University where
course(s) were taken: _____

Course(s): _____

Principal or Guidance Counselor,

The student named above requests your assistance. Students who wish to transfer credit completed at another college or university prior to enrollment at Duke University are required to supply confirmation from their high school that the completed coursework meets certain criteria.

Please consider the following statement:

The course(s) identified by the student named above was(were) not used to satisfy high school graduation requirements.

If the statement is accurate, please complete the following information, affix the school seal or stamp, and return this form to the appropriate office at your earliest convenience. Your cooperation is appreciated.

School Name: _____ Date: _____

School Official Name (print): _____

School Official Signature and Title: _____

Please return this completed form to the appropriate school as noted to the right of the student name noted above:

Duke University
Office of the University Registrar
1121 West Main Street, Suite 1200
Durham, NC 27701

School Seal: