



High School Dual Enrollment/Early College Verification Form

ABOUT THE STUDENT

First and Last Name: _____

High School Name: _____

Date of Birth: _____ Common Application ID# (if known): _____

BU ID# (if known): _____

DUAL ENROLLMENT/EARLY COLLEGE COURSES NOT USED TOWARD HIGH SCHOOL DIPLOMA

Any college courses used to fulfill high school graduation requirements are not eligible for credit at Boston University. As part of the credit evaluation process, this form must be signed and submitted by your high school counselor to **credeval@bu.edu** to verify that the courses listed below **did NOT count toward earning your high school diploma**. In addition, a college transcript of the courses taken must be submitted. Please retain a copy of this form for your records.

1. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

2. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

3. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

4. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

5. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

6. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

7. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

8. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

9. Course Title/Department _____ Course Number _____

Number of credits _____ Grade _____ University/College _____

**DUAL ENROLLMENT/EARLY COLLEGE COURSES NOT USED TOWARD HIGH SCHOOL DIPLOMA
(Continued)**

10. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

11. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

12. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

13. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

14. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

15. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

16. Course Title/Department _____ Course Number _____
Number of credits _____ Grade _____ University/College _____

COMMENTS (Optional)

HIGH SCHOOL COUNSELOR SIGNATURE

I verify that the courses listed above did not count toward the student's high school diploma, and thus may be considered for credit at Boston University.

Name: _____ Date: _____
Title: _____ Email: _____