



Office of Admission

COLLEGE CREDIT REPORT

Advanced Placement, International Baccalaureate, and College Courses

PART I – STUDENT INFORMATION

Name (Last, First, Middle) Banner ID (if known)

Mailing Address: Number and Street Name - *Include apartment number, if applicable.*

City State/Province Zip/Postal Code Country

PART II – ADVANCED PLACEMENT/INTERNATIONAL BACCALAUREATE

If you have taken Advanced Placement or International Baccalaureate examinations, please complete this section. Please arrange to have your official AP or IB Score Report sent to the Office of Admission at the address below. **Note:** Official notification of AP score results is acceptable directly from the College Board (The CEEB code for Providence College is **3693**) or when listed on your final official high school transcript (showing proof of graduation). Notification of IB scores results are acceptable directly from the International Baccalaureate Organization.

| Advanced Placement or International Baccalaureate Exam | Dates Taken | Exam Score |
|--|-------------|------------|
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PART III – COLLEGE COURSES

Complete this section if you have earned college credit prior to your intended enrollment at Providence College. Following submission of this form, please arrange to have an official final transcript sent from the college awarding the credit. Only courses with an earned grade of “C” or better will be reviewed. Please provide the detail of your course enrollment whether through a dual enrollment program with your high school or taken directly at a college/university. Final approval of Providence College course credit will be made by the **Associate Provost for Academic Policy and Mission Support** according to the criteria indicated in the College Catalog: http://catalog.providence.edu/content.php?catoid=31&navoid=1089#Transfer_Credit

| Course Details (Subject, Number, Title) | College Name, City, State | Dates Taken | Course Location | Course taught by |
|---|---------------------------|-------------|--|---|
| | | | <input type="checkbox"/> High School <input type="checkbox"/> College | <input type="checkbox"/> HS Faculty <input type="checkbox"/> College Faculty |
| | | | <input type="checkbox"/> High School <input type="checkbox"/> College | <input type="checkbox"/> HS Faculty <input type="checkbox"/> College Faculty |
| | | | <input type="checkbox"/> High School <input type="checkbox"/> College | <input type="checkbox"/> HS Faculty <input type="checkbox"/> College Faculty |
| | | | <input type="checkbox"/> High School <input type="checkbox"/> College | <input type="checkbox"/> HS Faculty <input type="checkbox"/> College Faculty |

Please complete this form and return it to us by **August 1**. **Although it is not necessary to know the outcome of grades before returning this form, college transcripts will not be reviewed without the College Credit Report form on file.** This form should be returned to:

| Providence College | Office of Admission | Harkins Hall 103 | 1 Cunningham Sq. Providence, RI 02918 | U.S.A. |
 | Fax: 1-401-865-2826 | Email: pcadmiss@providence.edu |

Signed: _____ Date: _____

DEADLINE FOR RETURN: August 1