



## Credit Transfer Verification Forms

Please ask the appropriate official at your previous school(s) to complete the forms for all credits you wish to transfer to North Cedar Academy. There is one page per high school year (grades 9 - 12). The forms are necessary in order to apply the correct credit amount per approved class and do not count as "Official Transcripts". This is not a guarantee of credit transfer for all classes listed. Once complete, return the forms to the admissions office via email at [admissions@northcedar.net](mailto:admissions@northcedar.net) or via fax at 1-715-532-9916. Thank you!

# Credit Transfer Verification Form - Grade 9 (Freshman)

**Requesting Institution**

North Cedar Academy  
 1500 Port Arthur Rd  
 Ladysmith, WI 54848, USA  
 Office: 1 (715) 532 - 0201  
 Fax: 1 (715) 532 - 9916

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, Country:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ - \_\_\_\_\_

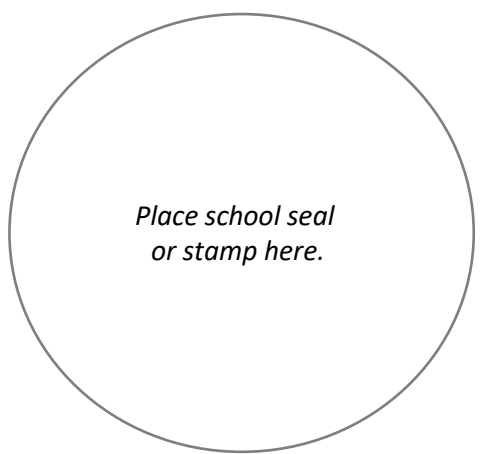
Course Name	(mm/dd/yy) (mm/dd/yy)		Grade Earned	# of Weeks in Term	# of Minutes per Session	*per week		Weekly Total	
	Term Start	Term End				# of Sessions*	=		
Sample Course	09/04/18	01/18/19	A-	17	90 min	x	2 per week	=	180 min
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
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	/ /	/ /				x		=	
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	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	

Grade Scale	

\_\_\_\_\_  
**School Official Name**

\_\_\_\_\_  
**School Official Signature & Date**

\_\_\_\_\_  
**School Official Email**



## Credit Transfer Verification Form - Grade 10 (Sophomore)

**Requesting Institution**

North Cedar Academy  
 1500 Port Arthur Rd  
 Ladysmith, WI 54848, USA  
 Office: 1 (715) 532 - 0201  
 Fax: 1 (715) 532 - 9916

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, Country:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ - \_\_\_\_\_

(mm/dd/yy) (mm/dd/yy)

\*per week

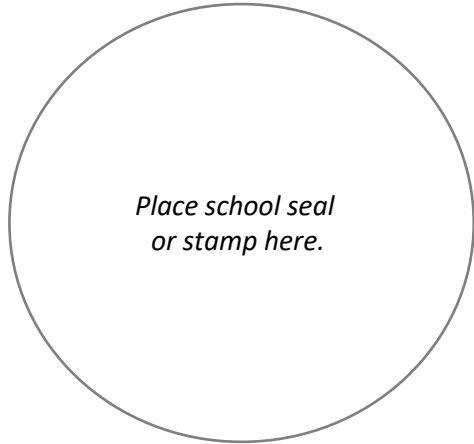
Course Name	Term Start	Term End	Grade Earned	# of Weeks in Term	# of Minutes per Session		# of Sessions*		Weekly Total
Sample Course	09/04/18	01/18/19	A-	17	90 min	x	2 per week	=	180 min
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	

Grade Scale	

\_\_\_\_\_  
**School Official Name**

\_\_\_\_\_  
**School Official Signature & Date**

\_\_\_\_\_  
**School Official Email**



# Credit Transfer Verification Form - Grade 11 (Junior)

**Requesting Institution**

North Cedar Academy  
 1500 Port Arthur Rd  
 Ladysmith, WI 54848, USA  
 Office: 1 (715) 532 - 0201  
 Fax: 1 (715) 532 - 9916

**Student Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, Country:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ - \_\_\_\_\_

(mm/dd/yy) (mm/dd/yy)

\*per week

Course Name	Term Start	Term End	Grade Earned	# of Weeks in Term	# of Minutes per Session		# of Sessions*		Weekly Total
Sample Course	09/04/18	01/18/19	A-	17	90 min	x	2 per week	=	180 min
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	

Grade Scale	

\_\_\_\_\_

**School Official Name**

\_\_\_\_\_

**School Official Signature & Date**

\_\_\_\_\_

**School Official Email**



## Credit Transfer Verification Form - Grade 12 (Senior)

**Requesting Institution**

North Cedar Academy  
 1500 Port Arthur Rd  
 Ladysmith, WI 54848, USA  
 Office: 1 (715) 532 - 0201  
 Fax: 1 (715) 532 - 9916

**Student Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, Country:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ - \_\_\_\_\_

Course Name	(mm/dd/yy) (mm/dd/yy)		Grade Earned	# of Weeks in Term	# of Minutes per Session	*per week		Weekly Total	
	Term Start	Term End				# of Sessions*	=		
Sample Course	09/04/18	01/18/19	A-	17	90 min	x	2 per week	=	180 min
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	
	/ /	/ /				x		=	

Grade Scale	

\_\_\_\_\_

**School Official Name**

\_\_\_\_\_

**School Official Signature & Date**

\_\_\_\_\_

**School Official Email**

