

# 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 or via fax at 1-715-532-9916. Thank you!

### **Credit Transfer Verification Form - Grade 9 (Freshman)**

Requesting Institution			Stu	ident Name:			·		
North Cedar Academy									
1500 Port Arthur Rd									
Ladysmith, WI 54848, USA									
Office: 1 (715) 532 - 0201									
Fax: 1 (715) 532 - 9916									
	Schoo	l Year:		<del>-</del>					
	(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
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## **Credit Transfer Verification Form - Grade 10 (Sophomore)**

Requesting Institution	_		Stu	ıdent Name:					
North Cedar Academy									
1500 Port Arthur Rd									
Ladysmith, WI 54848, USA									
Office: 1 (715) 532 - 0201									
Fax: 1 (715) 532 - 9916	]								
	Schoo	l Year:		<del>-</del>					
	(mm/dd/yy)	(mm/dd/yy)		1			*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
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## **Credit Transfer Verification Form - Grade 11 (Junior)**

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Requesting Institution	_		Stu	ident Name:					
North Cedar Academy	Date of Birth								
1500 Port Arthur Rd									
Ladysmith, WI 54848, USA									
Office: 1 (715) 532 - 0201			Cit	ty, Country:					
Fax: 1 (715) 532 - 9916									
	Schoo	d Vear							
		(mm/dd/yy)					*per week		
	(IIIII/dd/yy)	(IIIII/dd/yy)	Grade	# of Weeks	# of Minutes		# of		Weekly
Course Name	Term Start	Term End	Earned	in Term	per Session		Sessions*		Total
Sample Course	09/04/18	01/18/19	A-	17	90 min	X	2 per week	=	180 min
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### **Credit Transfer Verification Form - Grade 12 (Senior)**

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Requesting Institution	•		Stu	dent Name:					
North Cedar Academy									
1500 Port Arthur Rd									
Ladysmith, WI 54848, USA			Str	eet Address:					
Office: 1 (715) 532 - 0201			Cit	ty, Country:					
Fax: 1 (715) 532 - 9916			Pho	ne Number:					
	Schoo	l Year:		<del>-</del>					
	(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
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