



DOMINION ACADEMY

“And He shall have dominion from sea to sea and from the
River to the ends of the earth.” *Psalm 72:8*

925 N. Main St. ◊ Dayton, OH 45405 ◊ (937) 224-8555

APPLICATION FOR TRANSFER CREDIT

Student Name: _____ Date: _____

Address: _____

Date of Birth: _____ Social Security No. ____ - ____ - ____ Current Grade: _____

Parent(s) Name(s): _____ Phone: _____

Transfer Course Information

Name of Course: _____

Course taken at (please check one): Home ____ School ____ Other: _____

If course/courses were taken at school, please complete the following:

Name of School: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: (____) _____

If course/courses were taken at Home or through a Homeschool Co-op, please complete the following: Course Instructor: _____

Text/Curriculum Used: _____

Date Course Began: _____ Date Course Ended: _____

Was text completed? ____ If not, how much was covered? _____

Course Grade Received: ____ How was the grade determined? _____

Describe the method of evaluation for this course (types of tests, homework, how much of each, teacher observations, etc.): _____

On average, how many hours of instruction per week did the student receive? _____

On average, how many hours per week outside of class did the student study? _____

*Submit a copy of the last test given. This could be the final exam of
the course or the last sequential test given.*

**** PLEASE CONTINUE TO PAGE 2****

- Although Dominion Academy of Dayton may accept this course for diploma credit, DA is not in a position to validate this course for any other educational institution.
- If this course is accepted, it will appear on the student's transcript. However, transferred courses will not be calculated into the student's overall grade point average.

If the Transfer Credit is being added to the transcript WITH A FINAL GRADE, the teacher who administers the **Final Exam** must complete this section:

Name of Teacher _____

Date Test Administered _____

Teacher's Comments

Teacher's Signature _____

FOR OFFICE USE ONLY:

Fulfills requirement for _____ (e.g. Fine Arts, etc.)

No. of credits earned: _____

___ Approved

___ Not Approved

Signature of Academic Director

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