

**TRANSFER OF CREDIT APPLICATION
FOR STUDENTS HOLDING HIA DESIGNATION**

The American College has a transfer of credit policy under which students who have been awarded the HIA designation may receive credit for HS 313 Individual Health Insurance.

You must be an approved matriculated student with The American College before applying for a transfer of credit.

If you are eligible and wish to apply for transfer of credit, please do the following:

- Complete the application below.
- Provide the Registrar with a transcript showing the date of your HIA designation and the date on which each course was passed. This may be obtained from the HIAA Insurance Education Program, 555 13th Street, N.W., Washington, DC 20004-1109 **OR** go to website www.insuranceeducation.org. After going to the website, click on My Record and enter your last name and student number. You can then print a copy of your transcript which also shows when you received your HIA designation.
- Mail your check in the amount of \$60.00 together with this application to the Office of the Registrar, The American College, P.O. Box 1513, Bryn Mawr, PA 19010-2196. The transfer of credit fee is not refundable and may not be credited to another student. If you wish to pay using your credit card please complete the following information.

CHARGE: () VISA () MASTERCARD () AMERICAN EXPRESS () DISCOVER

Card # _____ Expires _____ Total Amount _____

Name _____ Social Security No. _____

Company _____ Current Position _____

Address _____ Duties: _____

Telephone (____) _____

American College Student Number (if known) _____ Date of this Application _____

When did you complete your HIA examinations? _____

If you completed all of your HIA examinations within the last seven (7) years, you are automatically eligible for transfer of credit and no further completion of this form is necessary.

If you completed any of your HIA examinations more than seven (7) years ago, please provide the information below. Your application will be evaluated by a Faculty Transfer of Credit Committee on the basis of the information you provide.

1. What business activities do you perform that relate to individual health insurance?

2. What percentage of your work time is devoted to business activities involving individual health insurance? _____%

3. What continuing education or other educational activities have you undertaken within the last seven years that pertain to individual health insurance?

4. Please provide any other information that you feel might aid the committee in the evaluation of your application.

NOTE: Your application cannot be processed until all information is provided and fees are paid.

MAIL TO: Office of the Registrar
ATTN: Xiaohua Su
The American College
P.O. Box 1513
270 S. Bryn Mawr Avenue
Bryn Mawr, PA 19010-2196