

Boston University Graduate School

Petition for Approval of Credits for Transfer

INSTRUCTIONS: The attention of the student is called to the regulations on transfer of credit in the Graduate School bulletin. A student should file a separate set of forms for each institution from which transfer of credit is requested. Items 1 through 12 must be completed. Please print legibly, using a ballpoint pen or typewriter. Submit this set of forms directly to the Graduate School Office and request that official transcripts of coursework at other institutions be sent to: Records Coordinator, Boston University Graduate School, 705 Commonwealth Avenue, Boston, Massachusetts 02215.

1. Name _____ 2. Social Security # _____
last first initial

3. Local Address _____

4. Current degree program M.A. Post-bachelor's Ph.D. Other _____

5. Department or Division in the Graduate School _____ 6. Date entered _____

7. Major advisor's name _____

8. Institution from which credits are to be transferred: College or University _____
 Department or Program _____

9. Degree(s) earned (if any) and date(s) awarded _____

10. Have any of the courses listed below been applied to satisfy requirements for any degrees previously earned?
 No Yes If yes, list course numbers _____

11. Specify below the curricular schedule in effect at the above institution at the time coursework requested for transfer was taken:
 2-semester academic year 3-semester academic year 4-quarter academic year summer session (minimum 6 weeks) Other _____

12. LIST COURSES BELOW. BE SURE COURSE NUMBERS AND TITLES ARE EXACT. IN THE COLUMN MARKED "GRAD" PLACE A "G" NEXT TO ALL COURSES SPECIFICALLY DESIGNATED AS GRADUATE COURSES.

Academic year and semester or quarter	Course Number	G R A D	Official Course Title	Instructor	Sem. Hours or Qtr. Hours		Grade
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL NUMBER OF HOURS					<input type="checkbox"/>	<input type="checkbox"/>	

Major advisor _____ Approved
signature and date Not approved

Department chairperson or director of graduate study _____ Approved
signature and date Not approved

Committee on Academic Standards _____ Approved
signature and date Not approved

Graduate School Records: Received from Department _____