TRANSFER COURSE EQUIVALENCY FORM

This form is used to document equivalency for coursework to be completed outside of Boston University that is intended for use toward the College of Arts and Sciences degree.

General Information:

All transfer work completed prior to admission is evaluated by the Office of Admissions as a part of the admissions process. Evaluations of transfer work completed while a student is at CAS are completed in the CAS Student Records Office, or the Office of International Programs as appropriate. No more than 80 credits of transfer work may be applied toward graduation from CAS. Credit is not awarded for work completed at the Harvard University Extension Program (this is because Harvard College, the parent institution, will not award credit for this program). Contact the CAS Records Office, 100 Bay State Rd. Room 401, to verify acceptable domestic transfer institutions. (Acceptability of transfer work from non-B.U. Study Abroad programs must be confirmed by the International Programs Office.)

Credit/equivalencies are not awarded for courses completed on a Pass/Fail basis, audits, correspondence courses/distance learning, or courses completed on the basis of any grading system except those comparable to the system used by the College of Arts and Sciences at Boston University. For transfer coursework completed prior to June 1, 2001 a minimum grade of C- is required. After Spring 2001, transfer credit will be granted only for courses with a grade of C or above. Credits earned on the quarter system will be converted to semester equivalents (example: 4 credits earned at UCLA on the quarter system will not transfer as 4 credits but as 2.66 semester credits). You may use this form to have a course at a quarter credit institution approved to count as the equivalent of a particular course at Boston University, but the credits awarded will be based on the computation from quarter hours to semester hours. Likewise, a three-credit semester course at another institution may be approved to fulfill a specific requirement, but will yield only three credits toward the total of 128 required for graduation. Credit will not be awarded for external courses that duplicate courses taken at Boston University. External courses must carry at least 2.50 B.U. credits to be equated to a CAS course.

In order for credits/equivalencies to be awarded, this completed and signed form should be returned to CAS Student Records Office, at 100 Bay State Rd. Room 401, Boston, MA, 02215. Upon completion of external work, you must have an official transcript of the work mailed to the same office. This signed form does not approve transfer of credits; it equates external courses to Boston University courses.

NOTE: During the fall and spring semesters, CAS students may not enroll concurrently at BU and another institution, with the sole exception of institutions that are part of the CAS Consortium agreement. Moreover, ‘Boston University students may not satisfy program requirements through the transfer of credit earned in summer offerings of other institutions located within the Greater Boston area, unless (a) the credit involved is for a required course, not offered through Boston University’s Summer Term, or (b) prior approval has been obtained from both the responsible department chair and dean of the requesting student.’

Authorized approval for reverse side:

Writing requirement: CAS Writing Program, Assistant Dean
Mathematics requirement: Mathematics Dept. Chairman or Director of Undergraduate Studies
Divisional requirements: Department of the course, Director of Undergraduate Studies
Core Curriculum: Core Curriculum, Assistant Dean
Elective credit: School or Department of the course
Major or Minor Concentration: Director of Undergraduate Studies for the major or minor concentration
Language courses: For evaluation of language classes, please use the Foreign Language Transfer Course Equivalency Form, and contact the Foreign Language Advisor in the CAS Academic Advising Office at 100 Bay State Rd. Room 401, Boston, MA 02215.

External summer courses in Greater Boston area: (see note above and instructions on reverse side at bottom)
Name: ___________________________ CAS major concentration: ___________________________
BU ID number: ____________________ minor concentration: __________________________
E-mail: __________________________ Expected date of graduation: ____________________

1.
Course number: ________________ Course Title: ______________________________________
Semester and year taken: ______________ Institution: _________________________________

NOTE: During the fall and spring semesters, CAS students may not enroll concurrently at BU and another institution, with the sole exception of institutions that are part of the CAS Consortium agreement.

To fulfill B.U. course #: ____________________________________________________________
Lab Component?: __________________________

Approved by: ____________________________________________________________
(Please print name.) __________________________ (Title) __________________________ (Date)
(signature) __________________________________________________________

2.
Course number: ________________ Course Title: ______________________________________
Semester and year taken: ______________ Institution: _________________________________

NOTE: During the fall and spring semesters, CAS students may not enroll concurrently at BU and another institution, with the sole exception of institutions that are part of the CAS Consortium agreement.

To fulfill B.U. course #: ____________________________________________________________
Lab Component?: __________________________

Approved by: ____________________________________________________________
(Please print name.) __________________________ (Title) __________________________ (Date)
(signature) __________________________________________________________

EXTERNAL SUMMER COURSES TAKEN AT INSTITUTIONS IN THE GREATER BOSTON AREA

(For program requirement courses not offered in B.U. Summer, complete only the section above; for all other Summer courses in the greater Boston area [inside Route 128] complete the section above and obtain the signatures required in this section.)

Department Chairman: __________________________ Date: __________________________
Dean of College/School: __________________________ Date: __________________________