

Applications will NOT be processed without full lecture and lab syllabi. The only exception is for CAS CH 273 applications.
Please expect a decision from us within 2 weeks.

Transfer of Credit Form

NAME: _____ BU ID #: _____

EMAIL: _____ TELEPHONE #: _____

CAS MAJOR/MINOR CONCENTRATION: _____

EXPECTED DATE OF GRADUATION: _____

COURSE #: _____ 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 BU COURSE #: _____ LAB COMPONENT? ☐ YES ☐ NO

APPROVED BY: _____
(Please Print Name) (Signature) (Title) (Date)

External Summer Courses Taken at Institutions **In the Greater Boston Area**

(For program requirement courses not offered in BU 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 Chair: _____ Date: _____

Dean of College/School: _____ Date: _____