



## TRANSFER CREDIT APPROVAL FORM

**Students:** Please complete all fields outlined in blue and sign by typing in the appropriate field. Please e-mail the completed form to your advisor for review; you may need to meet with your advisor to discuss your transfer request. General questions about transfer credit should be sent to [enggrad@bu.edu](mailto:enggrad@bu.edu).

Name: \_\_\_\_\_ BU ID#: \_\_\_\_\_

Program: \_\_\_\_\_ Advisor: \_\_\_\_\_ Class Year: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Course Information

Institution: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Academic Semester & Year : \_\_\_\_\_ Credits: \_\_\_\_\_ Records Office Only

Suggested BU Course Equivalency: \_\_\_\_\_  
College Department Number Title

**Note:** Once course is completed, please submit an official transcript from the institution to BU College of Engineering, Graduate Programs Office, 44 Cummington Mall, Room 114, Boston MA 02215.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Faculty Advisor:** Please review the proposed transfer course and indicate your recommendation and any comments in the fields outlined in red below. Please digitally sign and submit the form via e-mail to [enggrad@bu.edu](mailto:enggrad@bu.edu).

Recommend  
Do Not Recommend

\_\_\_\_\_  
Advisor's Signature

Comments:

**Departments:** Please review the proposed transfer course and indicate your recommendation and any comments in the fields outlined in green below. Please digitally sign and submit form via e-mail to [enggrad@bu.edu](mailto:enggrad@bu.edu).

Recommend, as Proposed Above  
Recommend, but Under Alternate BU Course: \_\_\_\_\_  
Do Not Recommend

\_\_\_\_\_  
Department Signature

Comments:

*Office Use Only*

Comments:

Approve  
Deny

TES Approved: Yes No

\_\_\_\_\_  
Records Signature