

**BOSTON UNIVERSITY  
COLLEGE OF ENGINEERING**

**TRANSFER CREDIT APPROVAL FORM**

**PART I: STUDENT INFORMATION**

Student Name: \_\_\_\_\_ I.D. #: **U** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Major: (circle one): AE BME CSE EE ME MFG ID AD Faculty Advisor: \_\_\_\_\_  
 Class Year (circle one): U1 U2 U3 U4 Email Address: \_\_\_\_\_  
 In another School? MET/SEP CAS Other: \_\_\_\_\_ Local Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**PART II: COURSE INFORMATION**

Credits to be transferred from: \_\_\_\_\_  
 (Name of College/University)

Academic Year & Semester	Course Number	Course Title	Qtr Hours Sem Hours	Office Use Only	
				Grade	Credit

Course above equivalent to:	BU Course (Col/Dept/Number)	BU Course Title
Suggested Course →		
Dept, Recommendation → (see below for instructions)		

When course is completed, send an official transcript to:  
**BU-College of Engineering, Undergraduate Records Office, 44 Cummington Street, Boston, MA 02215**

**PART III: RECOMMENDATIONS/APPROVALS**

Recommend \_\_\_\_\_  
 Do Not Recommend \_\_\_\_\_  
 Faculty Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Comments: \_\_\_\_\_

*\* **Department Recommendation:** If the BU course indicated above is not an appropriate equivalent, but you would recommend equivalence to another specific BU course OR if there is no appropriate BU specific course, but you would recommend equivalence to a 1xx or 2xx, etc. course, please indicate your recommendation in the space provided above and check recommend below.*

Recommend \_\_\_\_\_  
 Do Not Recommend \_\_\_\_\_  
 Authorized Department Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Comments: \_\_\_\_\_

Approve \_\_\_\_\_  
 Do Not Approve \_\_\_\_\_  
 Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Comments: \_\_\_\_\_