Request to Transfer Credits within Boston University
(Please complete and return to the SED Student Records Office, room 127, for processing)

Name_______________________________________________ BUID__________________________

Email_________________________________ Phone______________________________

Expected Graduation Date______________ Degree Program (circle one) BS MAT EdM MMT CAGS EdD

Major_________________________________ Advisor________________________________

Check one of the following:

______ These courses were above the requirements for my ________________degree. Please apply them to my ________________ degree program.

______ Please apply the following non-degree courses to my ________________ degree.

<table>
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<tr>
<th>Semester/Year</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
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*Specific courses cannot be identified or moved from one semester to another on your transcript, an annotation will be added to the bottom of your transcript.

(For Records office use only)

Academic Advisor________________________ Date_________________ Approved

Signature

Not Approved

Department Chair________________________ Date_________________ Approved

Signature

Not Approved

Office of Student Records | 2 Silber Way, Room 127, Boston MA 02215 | (P)617-353-4235 (F)617-353-8937 (E)sedstu@bu.edu