



# TRANSFER CREDIT APPEAL FORM

Office of the University Registrar  
881 Commonwealth Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02215  
Email: [credeval@bu.edu](mailto:credeval@bu.edu)  
<http://www.bu.edu/reg/>

**Step 1:** To be completed by the student, incomplete forms will not be considered for credit. Please append respective external course's syllabus to this form and send to appropriate department within BU. (1 course per form)

Name: \_\_\_\_\_ BUID: U \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current BU School or College: \_\_\_\_\_ Class Year: \_\_\_\_\_

External College/University of Proposed Work: \_\_\_\_\_

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

Credit/Hours: \_\_\_\_\_ Type:  Semester  Trimester  Quarter

Fall  Spring  Summer Year: 20\_\_\_\_\_

Other (list dates): \_\_\_\_\_

Proposed BU Course Equivalent: \_\_\_\_\_

Reason for Re-evaluation (MUST provide answer): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Step 2:** To be completed by appropriate BU School or College's department for departmental assignment of a BU equivalent. The review process may take a number of days, so plan accordingly. Please note transfer courses are not officially approved until this form is signed by department head and returned to the Office of the University Registrar. It is the responsibility of the student to return this form to the Office of the University Registrar.

BU Course Equivalent: \_\_\_\_\_  Elective Credit  No Credit

And will satisfy the following requirement: \_\_\_\_\_

This course is denied  Reason: \_\_\_\_\_

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Name (please print): \_\_\_\_\_

Department Comments (if any): \_\_\_\_\_