

Intra-University Transfer into BU Sargent College Request for Photocopy of Records

To the student:

Please complete this form and submit it to the IUT Coordinator at your *CURRENT* school of enrollment. Allow five working days for photocopying.

Name: _____

I.D. # _____

Current College: _____

College of Proposed Transfer: _____

Semester of Proposed Transfer: _____

All Colleges previously attended, including Boston University:

College	Dates of Attendance

To the IUT Coordinator, Current College:

Please send a photocopy of this student's high school transcript, SAT scores, external transcripts, and this form to: Deborah Claar, BU Sargent College, Room 207, 635 Commonwealth Avenue. Telephone: 353-2713.

IUT Coordinators:

CAS: Tom Forbes, 353-9275
725 Comm. Ave., Room B3

SMG: Sally Ward, 353-2650
595 Comm. Ave., Room 102

ENG: Sara Hutchinson, 353-6447
44 Cummington St., Room 107

SFA: Samantha Collins, 353-3350
855 Comm. Ave., Room 230

MET: Ellen Peterson
Academic Counseling Office, 353-2980
755 Comm. Ave., Room 102

COM: Tom McLaughlin, 353-3471
640 Comm. Ave., Room 119

SAR: Deborah Claar, 353-2713
635 Comm. Ave., Room 207

SED: Lisa Ingravera, 353-4235
605 Comm. Ave., Room 127