

Boston University  
Sargent College of Health and Rehabilitation Sciences  
**Distribution Elective Transfer Petition**

If you plan to take a distribution elective outside Boston University, you must first receive approval from your faculty advisor the semester before you plan to take the course. Please attach a course description to this form. Please return the completed petition to the Academic Services Center, room 207, after it has been signed.

NAME \_\_\_\_\_ ID# \_\_\_\_\_

MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ LOCAL PHONE# \_\_\_\_\_  
(Before May 1) (Street) (City) (State) (Zip)

HOME ADDRESS \_\_\_\_\_ HOME PHONE# \_\_\_\_\_  
(After May 1) (Street) (City) (State) (Zip)

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

<u>COURSE TITLE</u>	<u>CREDITS*</u>	<u>COLLEGE</u>	<u>SEM/YR</u>	<u>B.U. EQUIVALENT COURSE #</u>

\*Transferable coursework completed under a **semester**-credit-hour system is awarded with an equal number of credits. Coursework completed under a **quarter**-credit-hour system is converted into semester hours by awarding 2/3 of the quarter-credit hours.

Once you have completed the course, please send a transcript to:  
Boston University: Sargent College  
Academic Services Center  
635 Commonwealth Ave., Room 207  
Boston University  
Boston, MA 02215

NOTE: All students must receive a C or better in order for courses to transfer.

- \_\_\_\_\_ Petition accepted in full
- \_\_\_\_\_ Petition accepted with changes (See explanation below)
- \_\_\_\_\_ Petition refused (see explanation below)

Explanation:

FACULTY ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ASC ADMINISTRATIVE APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_