Petition for Approval or Pre-Approval to Transfer External Credits

Please complete and return to the SED Student Records Office, room 115, for processing.

Name ____________________________________________ BU ID: __________________

Last Name ___________________________ First Name ____________________________

Email: ___________________________________________ Phone: _______________________

Expected Graduation Date: ________________

Program: ________________________________ Advisor: ____________________________

Credits Transferred from: ___________________________________________

Name of institution

<table>
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<tr>
<th>Semester/Year</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Equivalent (office use only)</th>
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Please attach syllabus

Have you previously transferred courses towards your current degree?     Yes   No
Are these courses part of the requirements for any other degree?      Yes   No

(For Records office use only)

BU Department: ___________________________________________ SED Program: ________________

Signature ________ Date ________ Pre-Approved Approved Not Approved

Academic Advisor: __________________________________________

Signature ________ Date ________ Pre-Approved Approved Not Approved

Associate Dean for Academic Affairs: ____________________________

Signature ________ Date ________ Pre-Approved Approved Not Approved

ALL STUDENTS: ATTACH A COPY OF YOUR DEGREE ADVICE FROM THE STUDENTLINK

Office of Student Records | 2 Silber Way, Room 115, Boston MA 02215 | (P)617-353-4235 (F)617-353-8937 (E)sedstu@bu.edu