

# Boston University School of Social Work Transfer Student Credit Evaluation Form

**In order to receive transfer credit from another CSWE-accredited School of Social Work, you must:**

- ✓ have received a grade of B or better
- ✓ have taken the course within the past five years
- ✓ submit a copy of this form (make as many copies as you need) for each course you are petitioning along with the following materials to the Office of Academic Affairs:
  - *Course outline/syllabus*
  - *Bibliography*
  - *Official transcript (or written evaluation indicating a grade of B or better in case of a pass/fail grade)*
- ✓ submit a completed recommendation form (attached) from the dean (or his/her designee).

**To be completed by the applicant:**

Applicant Name: _____		College: _____	
Address: _____			
Street	Apt.	City	State Zip code
Phone number: (____) _____		E-mail: _____	
<input type="checkbox"/> I have matriculated (am matriculating) in another graduate social work program (accredited by the Council on Social Work Education). I understand I may transfer no more than 32 credits toward the M.S.W. degree at the Boston University School of Social Work.			
Year/semester the course was taken: _____			
Course#: _____		Course Title: _____	
Grade: _____		Credits: _____ Hours in course: _____	
BUSSW Course Equivalent: _____ <i>(Include course title and number, if seeking credit towards a BUSSW elective, write ELECTIVE above.)</i>			
Student Signature: _____		Date: _____	

**To be completed by BUSSW staff:**

Course previously approved: <input type="checkbox"/> yes <input type="checkbox"/> no for: _____	Date: _____
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**To be completed by BUSSW faculty**

<input type="checkbox"/> Yes, _____ Transfer credits to be applied toward: _____ <span style="margin-left: 150px;"><i>Course #</i></span> <span style="margin-left: 50px;"><i>Course name or elective category</i></span>	
<input type="checkbox"/> No, Petition for transfer credit denied. Please comment: _____ _____	
Faculty signature: _____	Date: _____

**To be completed by BUSSW Associate Dean for Academic Affairs:**

<input type="checkbox"/> Processed	
Signature: _____	Date: _____

**RECOMMENDATION FORM**

To the Applicant:

This recommendation will become part of your admission file. It will be used only for admissions and financial aid consideration and will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded access to its contents unless you waive your right to access. Please check one of the boxes and sign the statement below.

**I have read the information above and I hereby waive [ ] do not waive [ ] my right to access this document should I matriculate at Boston University.**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

Dear School of Social Work Dean:

\_\_\_\_\_ is applying to the Boston University School of Social Work as a transfer student.

As part of our review of this application, we ask that you, or your designee, assess this student in each of the following areas. Comments on any significant issues of concern that have been identified, as well as the student's potential performance, would be appreciated.

*a. Academic Performance*

*b. Field Performance*

*c. Overall Impressions*

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

Please print name and title \_\_\_\_\_

School \_\_\_\_\_

**Please return this form to: Admissions Office, Boston University School of Social Work, 264 Bay State Road, Boston, MA 02215.**

*Please note: Under the 1974 Family Education Rights and Privacy Act, the applicant named above will have access to this recommendation unless he/she waives that right.*