Petition for Approval or Pre-Approval to Transfer External Credits
(Please complete and return to the SED Student Records Office, room 127, for processing)

Name_______________________________________________ BUID__________________________

Email________________________________ Phone________________________________________

Expected Graduation Date______________ Degree Program (circle one) BS MAT EdM MMT CAGS EdD

Major________________________________ Advisor_____________________________________

Credits transferred from: _________________________________________________________

<table>
<thead>
<tr>
<th>Semester/Year</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please attach course description or 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 Dept Approval ___________________________ Date_________________ Pre-Approved
Signature (if necessary) Approved Not Approved

Academic Advisor ___________________________ Date_________________ Pre-Approved
Signature Approved Not Approved

Department Chair ___________________________ Date_________________ Pre-Approved
Signature Approved Not Approved

OFFICE USE ONLY
PROCESSED BY:
DATE: ___________________

Office of Student Records | 2 Silber Way, Room 127, Boston MA 02215 | (P)617-353-4235 (F)617-353-8937 (E)sedstu@bu.edu