



TRANSFER CREDIT APPEAL FORM

ATTENTION: to appeal coursework completed **OUTSIDE THE UNITED STATES** prior to matriculation, **DO NOT** use this form. Please contact the **Office of International Undergraduate Admissions** directly.

881 Commonwealth Ave, 6th floor, Boston MA 02215

Email: intadvis@bu.edu. Website: <http://www.bu.edu/admissions>

Step 1: To be completed by the student, incomplete forms will not be considered for credit. Please append respective external course's syllabus to this form and send to appropriate department within BU. (1 course per form)

Name: _____ BUID: U _____ - _____ - _____

Current BU School or College: _____ Class Year: _____

External College/University of Proposed Work: _____

Course Number: _____ Course Title: _____

Credit/Hours: _____ Type: ☐ Semester ☐ Trimester ☐ Quarter

☐ Fall ☐ Spring ☐ Summer Year: 20_____

Other (list dates): _____

Proposed BU Course Equivalent: _____

Reason for Re-evaluation (MUST provide answer): _____

Step 2: To be completed by appropriate BU School or College's department for departmental assignment of a BU equivalent. The review process may take a number of days, so plan accordingly. Please note transfer courses are not officially approved until this form is signed by department head and returned to the Office of the University Registrar. It is the responsibility of the approver to return this form to the Office of the University Registrar.

BU Course Equivalent: _____ ☐ Elective Credit ☐ No Credit

And will satisfy the following requirement: _____

This course is denied ☐ Reason: _____

Department Signature: _____ Date: _____

Department Name (please print): _____

Department Comments (if any): _____