BU College of Engineering

TRANSFER UNITS APPROVAL FORM

Students: Please complete all fields outlined in blue and sign by typing in the appropriate field. Please e-mail the completed form to your advisor for review; you may need to meet with your advisor to discuss your transfer request. General questions about transfer credit should be sent to enggrad@bu.edu.

Name: _____ BU ID#: _____

Program: _____ Advisor: _____ Class Year: _____

E-mail Address: _____

Course Information

Institution: _____

Course Number: _____ Course Title: _____

Academic Semester & Year : _____ _____ Credits: _____ _____
Records Office Only

Suggested BU Course Equivalency: _____
College Department Number Title

Note: Once course is completed, please submit an official transcript from the institution to BU College of Engineering, Graduate Programs Office, 44 Cummington Mall, Room 114, Boston MA 02215.

_____ _____
Student's Signature Date

Faculty Advisor: Please review the proposed transfer course and indicate your recommendation and any comments in the fields outlined in red below. Please digitally sign and submit the form via e-mail to enggrad@bu.edu.

☐ Recommend
☐ Do Not Recommend

_____
Advisor's Signature

Comments: _____

Departments: Please review the proposed transfer course and indicate your recommendation and any comments in the fields outlined in green below. Please digitally sign and submit form via e-mail to enggrad@bu.edu.

☐ Recommend, as Proposed Above
☐ Recommend, but Under Alternate BU Course: _____
☐ Do Not Recommend

_____
Department Signature

Comments: _____

Office Use Only

☐ Approve
☐ Deny

TES Approved: ☐ Yes ☐ No

Comments: _____

_____
Records Signature