



Boston University School of Education
Office of Student Records

Request to Transfer Credits within Boston University

(Please complete and return to the SED Student Records Office, room 127, for processing)

Name _____ BUID _____
Last First

Email _____ Phone _____

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

Major _____ Advisor _____

Check one of the following:

_____ These courses were above the requirements for my _____ degree. Please apply them to my _____ degree program.

_____ Please apply the following non-degree courses to my _____ degree.

Semester/Year	Course #	Course Title	Credits	Grade

*Specific courses cannot be identified or moved from one semester to another on your transcript, an annotation will be added to the bottom of your transcript.

(For Records office use only)

Academic Advisor _____ Date _____ Approved
Signature Not Approved

Department Chair _____ Date _____ Approved
Signature Not Approved

OFFICE USE ONLY
PROCESSED BY: _____
DATE: _____