Boston University Sargent College of Health & Rehabilitation Sciences
Academic Services Center
635 Commonwealth Avenue
Boston, Massachusetts 02215
T 617-353-2704

Transfer Course Equivalency Form

Step 1: Before submitting this form, please make sure to read and understand the college and university policies regarding transfer units.

Name: _____

BU ID: _____

E-mail: _____

Current Major: _____

Term/year of proposed external course: Summer _____ Fall _____ Spring _____

Proposed Institution: _____

Proposed Course Title: _____

Proposed Course Number: _____ Units/Credits: _____

I have read and understand the policies on transfer credits. I have spoken with my academic advisor and am aware of how this transfer course would apply to my degree. I understand I must request an official transcript be sent to **CEtscrpt@bu.edu** upon completion of this course.

Signature: _____Date: _____

Step 2: You must receive approval from the appropriate BU department before you enroll in the course. Check the Transfer Equivalency System for your course:

TES status approved: YES ___ NO ___

BU course equivalent: _____

If the course is not in TES, take this form and a syllabus or detailed course description to the relevant BU department for approval and equivalent course number.

BU course equivalent: _____

Elective units only _____ Denied _____

Reviewed by: _____ Title: _____

Department: _____

Step 3: Submit this completed form to the Sargent College Academic Services Center (sarugrad@bu.edu) or room 105, 635 Commonwealth Avenue. Upon completion of the course, an official transcript must be sent directly to the Credit Evaluation Office to complete the transfer credit process**: CEtscrpt@bu.edu or 881 Commonwealth Ave 2nd Floor, Boston MA 02215**