Transfer Credit Application

Name: 

BU ID: 

Email: 

College:  

CAS  
ENG  
MET  
SAR  
SMG  
Other: 

Major: 

Minor: 

Year of Graduation: 

☐ This is a request for re-evaluation of a previously submitted transfer credit application.

University Name: 

Sem./Year: 

Course Number: 

Course Title: 

Type:  

Semester  
Trimester  
Quarter  

Lab Component:  

☐ Yes  
☐ No  

Credit Hours: 

To Fulfill BU Course: 

Additional Notes to the Reviewer: 

☐ Approved by: 

Name: 

Title: 

Date: 

Reviewer’s Notes: 

☐ Denied by: 

Name: 

Title: 

Date: 

Reviewer’s Notes: 

University Name: 

Sem./Year: 

Course Number: 

Course Title: 

Type:  

Semester  
Trimester  
Quarter  

Lab Component:  

☐ Yes  
☐ No  

Credit Hours: 

To Fulfill BU Course: 

Additional Notes to the Reviewer: 

☐ Approved by: 

Name: 

Title: 

Date: 

Reviewer’s Notes: 

☐ Denied by: 

Name: 

Title: 

Date: 

Reviewer’s Notes: