Course transfer request form

Please complete and return this form to the Graduate Programs Office in Cushing 202. For any questions, please call 617-552-4928 or fax 617-552-2121.

All requests to transfer a core or required course must be pre-approved and must have a course syllabus attached. Approval must be obtained from the course TOR and the Graduate Associate Dean. Students may only request to transfer core or required courses that were taken prior to matriculation. Clinical courses may not be transferred. Elective course transfers may be approved by the advisor.

For courses taken outside of Boston College, the student must have an official transcript sent directly to the Graduate Programs Office of the William F. Connell School of Nursing.

STUDENT COMPLETES THIS SECTION

Date: ______________________    Student’s Name: ______________________________________

Program:  ☐ MS  ☐ PhD         Eagle ID: ______________________  Phone: ______________________

Requested transfer course is a(n):  ☐ Elective (requires advisor’s signature only)
                                             ☐ Core or required course taken prior to matriculation

Requested transfer course information:

Name of Course: _______________________________________________________________________

Course credits: _________  Course Level: (MS, PhD, Other) __________________________

College or University: _________________________  When taken / to be taken:  ___________________

Rationale for substitution:  ____________________________________________________________________________
                                                                 ____________________________________________________________________________

Transfer course approved as an elective:  ☐ YES  ☐ NO

Advisor’s Name / Signature: _____________________________   / ______________________________

Transfer course approved in lieu of a core or required course:  ☐ YES  ☐ NO

Core / required course number / title:  ___________________________________________________

CSON Course TOR’s Name / Signature: ________________________   / ___________________________

Graduate Associate Dean’s Signature: ______________________________________________________

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