

BOSTON COLLEGE

CHESTNUT HILL, MASSACHUSETTS 02467

COLLEGE OF ARTS AND SCIENCES
OFFICE OF THE DEAN
(617) 552-3274

TO: Chairperson or Representative
_____ Department

FROM: Office of the Dean
College of Arts and Sciences

Ms/Mr. _____, School of _____

Class of _____, is applying for transfer to the College of Arts and Sciences. She/he wants to major in your department.

We ask that you or your representative discuss with the student the requirements for majoring in your department. Determine what requirements the student has fulfilled and what remains to be satisfied, and how they can be completed before the student's projected date of graduation.

Please indicate below whether or not you are willing to accept this student as a major and return this form to the Associate Dean's office in Gasson 109.

I do _____ do not _____ accept this student as a major in _____.

Comments:

Date _____ Signature _____ Dept. _____