

Graduate Student Transfer of Credit Request Form

BOSTON COLLEGE

Office of Student Services

Date: _____

Student Information

INSTRUCTIONS: Complete the section below and submit this form to your department. Send your department an official transcript listing the course(s) for which you are requesting transfer credit.

Eagle ID Number: _____

Name: _____
Last First

Street: _____

City: _____ State: _____ Zip: _____

Department: _____

Advisor: _____

Summary of all previous college education:

Institution	Location	Degree	Date Received
_____	_____	_____	_____
_____	_____	_____	_____

Transfer of Credit Requested

PLEASE NOTE: A maximum of 6 credits may be accepted in transfer toward any one degree program. All courses must be graduate level and carry a grade of "B" or better. Courses that have already been applied to a previously earned degree may not be transferred. Courses completed over 10 years ago are not acceptable for transfer.

University	Course Title	Course Number	Credits	Grade Received	Date of Completion
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Department Approval

Advisor or Study Committee

Chairperson's Signature: _____ Date: _____

Department Chairperson's Signature: _____ Date: _____

Chairperson will forward all copies of this form and the transcript[s] to the Associate Dean.

Associate Dean's Approval

Associate Dean's Signature: _____ Date: _____