

# Graduate Student Transfer of Credit Request Form

BOSTON COLLEGE  
Office of Student Services

## Student Information

Date: \_\_\_\_\_

**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: \_\_\_\_\_

### Requires Permission of Associate Dean: (see below)

- GA&S (02) Candace Hetzner
- LAW (04) Elizabeth Rosselot
- GSSW (06) Teresa Schirmer
- LSOE, Graduate Programs (10) Elizabeth Sparks
- CSOM, Graduate Programs (11) Jeffrey Ringuest
- WCAS, Graduate Programs (13)
- CSON, Graduate Programs (14) M. Katherine Hutchinson
- STM (18) Jennifer Bader

### 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: \_\_\_\_\_