

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.

Requires Permission of Associate Dean: (see below)
a GA&S

Eagle ID Number: _____

Name: _____
Last First

Street: _____

Department: _____

Advisor: _____

Summary of all previous college education:

Institution	Location	Degree	Date Received
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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.

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.