Boston University Physics Department Transfer Credit Application

NAME: ________________________________________________________________

ID NUMBER: _________________________ EMAIL: _________________________

COLLEGE:  CAS  ENG  SAR  MET  SMG

MAJOR CONCENTRATION: _____________________________________________

MINOR CONCENTRATION: _____________________________________________

EXPECTED DATE OF GRADUATION: _____________

CHECK HERE IF THIS IS A REQUEST FOR A RE-EVALUATION OF
TRANSFER CREDITS: ________

1. College _____________________________________________________________________

Course number and title: ________________________________________________

Semester and year taken: ___________________________    Lab Component:       Y          N

To fulfill B. U. course: ___________________________________________________

which is a __________________________________(Prerequisite, Primary, Divisional, Elective,
Etc…Please specify.)

Approved by: __________________________________________________________________

(Name)                         (Title)

Signature: _____________________________________________________________________

1. College _____________________________________________________________________

Course number and title: ________________________________________________

Semester and year taken: ___________________________    Lab Component:       Y          N

To fulfill B. U. course: ___________________________________________________

which is a __________________________________(Prerequisite, Primary, Divisional, Elective,
Etc…Please specify.)

Approved by: __________________________________________________________________

(Name)                         (Title)

Signature: _____________________________________________________________________

1. College _____________________________________________________________________

Course number and title: ________________________________________________

Semester and year taken: ___________________________    Lab Component:       Y          N

To fulfill B. U. course: ___________________________________________________

which is a __________________________________(Prerequisite, Primary, Divisional, Elective,
Etc…Please specify.)

Approved by: __________________________________________________________________

(Name)                         (Title)
This form is used to document prior approval for coursework to be completed outside of Boston University intended to be used towards the College of Arts and Sciences degree.

General Information:
All transfer work completed prior to admission is evaluated by the Office of Admissions as a part of the admission process. Evaluations of transfer work completed while a student is at CAS are made at the CAS Student Records Office, or the Office of International Programs as appropriate. No more then 80 credits of transfer work can be applied towards graduation from CAS. Transfer credit from a two year junior or community college cannot be awarded once a student achieves the status of “Junior” (64 credits) at the College of Arts and Sciences. Credit is not awarded for work completed at the Harvard University Extension program (this is because Harvard College, the parent institution, will not award credit for this program.) The same is true for most other “extension” programs and any unaccredited program. Contact the CAS Records Office, Room B3 to verify acceptable domestic transfer institutions. (Acceptability of transfer work from non-B.U. Study Abroad programs must be confirmed by the International Programs Office.)

Credit/equivalencies are not awarded for courses completed on a Pass/Fail basis, audits, correspondence courses or on the basis of any grading system except those comparable to the system used by the College of Arts and Sciences at Boston University. Credit will be granted only for courses with a grade of C- or above. Credits earned on the quarter system will be converted to semester equivalents (example: 4 credits earned at UCLA on the quarter system will not transfer as 4 credits but as 2.66 semester credits). You may use this form to have a course at a quarter credit institution or another institution count as the equivalent of a particular course at Boston University but the credits awarded will be based on computation from quarter hours to semester hours, or semester hours to semester hours.

In order for credits/equivalencies to be awarded, this completed and signed form should be returned to CAS Student Records Office at 725 Commonwealth Avenue, Room B3, Boston, MA 02215 (the Physics Department does this for you). Furthermore, you must have an official transcript of the work mailed to the same office.

Authorized approval for reverse side:
English Composition: Freshman/Sophomore English Director
Mathematics requirements: Mathematics Dept. Chairman or Director of Undergraduate Studies
Divisional requirements: Department of the course
Core Curriculum: Core Curriculum Dean
Elective Credit: School or Department of the course
Major or Minor Concentration: Director of Undergraduate Studies for that major or minor concentration

Language courses: For the evaluation of language classes, please use the Foreign Language Transfer Credit Evaluation Form, and contact the Foreign Language Advisor in the Academic Advising Office, CAS Room 105.

Revised December 6, 1995