Bay State College
Request for Transfer of Credit

Student's Name_________________________ Student ID#_________________________ Date_________________________

• TO THE STUDENT: After you complete this form...

1. Take the form to your Adviser for approval.
2. Take the form to the Dean or Campus Coordinator for approval.

It is your responsibility to arrange for an official transcript to be sent directly from the Registrar at the institution where the course is taken to the Registrar's Office at Bay State College, 122 Commonwealth Avenue, Boston, MA 02116.

Only when the course credit transfer has been approved and an official transcript has been received showing a grade of "C" or better for the course, will the credit be transferred to your student records at Bay State College.

The grade for the transferred course will not be figured into your GPA at Bay State College.

The Registrar will mail you a Term Report Card for the transferred course(s). Please be aware that this process could delay your graduation if the course(s) to be transferred is taken during your final semester.

• INFORMATION ABOUT THE COURSE FOR WHICH CREDIT IS SOUGHT:

SEMESTER THE COURSE IS TO BE TAKEN: __ SPRING __ SUMMER __ FALL 200__

NAME OF INSTITUTION AT WHICH COURSE IS TO BE TAKEN_____________________________________________________

ADDRESS OF INSTITUTION___________________________________________

THIS INSTITUTION IS __ ACCREDITED __ NOT ACCREDITED (COMMENT BELOW)**

NAME OF THE COURSE___________________________________________

CREDIT IS AWARDED IN THE FORM OF __ SEMESTER HOURS __ QUARTERS

THE COURSE WILL COUNT AS __ A REQUIRED COURSE __ AN ELECTIVE

• IF THE COURSE IS TO COUNT AS A REQUIRED COURSE, GIVE THE NAME OF THE BSC COURSE IT WILL REPLACE__________________________________________________________

• ATTACH A PHOTO COPY OF THE COURSE FROM THE RELEVANT INSTITUTION'S CATALOG.

USE THIS SPACE TO GIVE INFORMATION SUPPORTING YOUR REQUEST FOR TRANSFER OF CREDIT FOR THIS COURSE.

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

***USE THIS SPACE TO COMMENT ON THE ACCREDITATION STATUS OF THE INSTITUTION (IF NECESSARY).

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

STUDENT SIGNATURE_________________________________________ DATE_________________________

FOR OFFICE USE ONLY

__ APPROVED __ NOT APPROVED BY ADVISER__________________________________________________________

(Signature and Date)

__ APPROVED __ NOT APPROVED BY CHAIR____________________________________________________________

(Signature and Date)

__ OFFICIAL TRANSCRIPT RECEIVED __________________ GRADE FOR COURSE ON TRANSCRIPT

(Date)

__ GRADE TRANSFERRED TO PERMANENT BSC RECORD

(Signature of Registrar)(Date)

__ STUDENT NOTIFIED BY TERM REPORT CARD

(Signature of Registrar)(Date)

ORIGINAL TO: REGISTRAR COPIES TO: ADVISER STUDENT

Revised 3/31/05