

BSC UNDERGRADUATE TRANSFER CREDIT EQUIVALENCY FORM

(May be used ONLY for Undergraduate Transfer Credit Taken PRIOR to Matriculation* at BSC Where a Course Equivalency is Requested)

**This form must be signed by the Department Chairperson of the requested BSC course equivalency.
Students should complete ONE form per BSC department.**

Name: _____

Social Security Number: _____

Major: _____

Original BSC Matriculation* Date (month/year): _____

Date: _____

* Matriculation is defined here as formally accepted and enrolled in a degree program.

Students should complete all items below and forward to appropriate BSC department for courses where a Bridgewater State College course equivalency is being requested. **A separate form should be used for each department from which an equivalency is requested.** To ensure proper credit, attach appropriate catalog course descriptions or syllabi from your transfer institution, as well as a copy of your transcript from that college.

Transfer Institution: _____

Dates Attended Transfer Institution: _____

<u>Transfer Course No.</u>	<u>Transfer Course Title</u>	<u>Credit Hrs</u> (Circle: Sem/Qtr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested BSC Course Equivalencies:
(All courses listed below should be from the same BSC department.)

<u>BSC Course No.</u>	<u>BSC Course Title</u>	<u>Credit Hrs</u> (Semester)	<u>Action Taken:</u>	
			<u>Approved</u>	<u>Denied**</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**If denied, course may still be used for free elective credit.

NOTE to Department Chairpersons: All course equivalencies approved above will apply to this student *and all others* who take this transfer course prior to matriculation. For courses listed above that are not fully equivalent, but where course substitutions are warranted for this student because of other course work or experience, **please also complete a Course Substitution Form and do not check off “approved” above.**

BSC Department Chairperson's Signature: _____

Date: _____

DEPARTMENT CHAIRPERSONS – UPON COMPLETION PLEASE FORWARD TO THE BSC ADMISSIONS OFFICE, GATES HOUSE