BSC School of Graduate Studies
BRIDGEWATER STATE COLLEGE
A Higher Degree of Excellence.

Graduate Transfer Credit Approval Form

This form is to be used by matriculated graduate students for courses requested to be transferred into a BSC graduate program from another institution (maximum six credits).

- **A copy of an official transcript from that institution MUST be attached to this form for approval; the original official transcript MUST be on file in the School of Graduate Studies Admissions Office.**
- **All courses must be graduate level, may be no more than six years old at the time of program completion, must be a grade of B or better, and may not have been used to fulfill the requirement of another degree.**

Student Name: _____
Please print Last First Middle Initial

Banner/Student ID#: _____ **Program:** _____

Student Signature: _____ **Date:** _____

Information below must be filled out completely in order for transfer credits to be applied correctly.

Name of Transfer Institution: _____

Transfer Course Number: _____ Course Title: _____

Semester Taken: _____ Credits: _____ Grade: _____

BSC Course Equivalency: BSC Course #:_____ **OR**

If Course is an Elective, Indicate Level: Master's _____ OR CAGS _____

Name of Transfer Institution: _____

Transfer Course Number: _____ Course Title: _____

Semester Taken: _____ Credits: _____ Grade: _____

BSC Course Equivalency: BSC Course #:_____ **OR**

If Course is an Elective, Indicate Level: Master's _____ OR CAGS _____

Approvals must be obtained by student before transfer of credit(s) occurs. After signatures have been obtained, please forward to School of Graduate Studies, Maxwell Library, Room #019 for final approval.

Student's Adviser: _____ Date: _____

Program Coordinator: _____ Date: _____

*Master's Core Coordinator: _____ Date: _____
***For those enrolled in a MAT program ONLY* (Education courses only)**

School of Graduate Studies: _____ Date: _____

For Internal Use:

Original Transcript on File: _____ Date Sent to RO: _____
Attach Credit to Term: _____ Year: _____
(Registrar's Office) Processed by: _____ Date: _____