

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: Where?

Dates Attended Transfer Institution:

Transfer Course No.	Transfer Course Title	Credit Hrs (Circle: Sem/Qtr)
MGMT 1XX		3

Requested BSC Course Equivalencies:

(All courses listed below should be from the same

BSC Course No.	BSC Course Title	Credit Hrs (Semester)	Action Taken: Approved Denied**

One form for each department

**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 matriculate at BSC **course prior to matriculation.** For courses listed above that are not fully equivalent, but where course substitutions are warranted because of other course work or experience, please also complete a Course Substitution Form and **do not** check off "approved"

BSC Department Chairperson's Signature:

Date: _____

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

