

# BSU UNDERGRADUATE TRANSFER CREDIT EQUIVALENCY FORM

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

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

Name: \_\_\_\_\_

Banner ID:

Major: \_\_\_\_\_

Original BSU 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 BSU department for courses where a Bridgewater State University 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 BSU Course Equivalencies:**  
(All courses listed below should be from the same BSU department.)

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

\*\*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.****

BSU Department Chairperson’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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