

Course transfer request form

Please complete and return this form to the Graduate Programs Office in Cushing 202.
For any questions, please call 617-552-4928 or fax 617-552-2121.

All requests to transfer a core or required course must be pre-approved and must have a course syllabus attached. Approval must be obtained from the course TOR and the Graduate Associate Dean.
Students may only request to transfer core or required courses that were taken prior to matriculation.
Clinical courses may not be transferred. Elective course transfers may be approved by the advisor.

For courses taken outside of Boston College, the student must have an official transcript sent directly to the Graduate Programs Office of the William F. Connell School of Nursing.

STUDENT COMPLETES THIS SECTION

Date: _____ Student's Name: _____

Program: MS PhD Eagle ID: _____ Phone: _____

Requested transfer course is a(n):
Elective (requires advisor's signature only)
Core or required course taken prior to matriculation

Requested transfer course information:

Name of Course: _____

Course credits: _____ Course Level: (MS, PhD, Other) _____

College or University: _____ When taken / to be taken: _____

Rationale for substitution: _____

Transfer course approved as an elective: YES NO

Advisor's Name / Signature: _____ / _____

Transfer course approved in lieu of a core or required course: YES NO

Core / required course number / title: _____

CSON Course TOR's Name / Signature: _____ / _____

Graduate Associate Dean's Signature: _____