

EXTERNAL PROGRAMS STUDY ABROAD TRANSFER CREDIT COURSE APPROVAL FORM

Return completed form to: BU Study Abroad, 888 Commonwealth Ave., 2nd Floor

To the student: This form must be completed in *ink*. Forms completed in pencil will *not* be accepted. Bring to Study Abroad Office for program approval or before seeking approval of individual courses.

Name: _____ BU ID #: _____

Email Address: _____

BU College / School: _____ Expected Date of Graduation (Month/Year): _____

Major Concentration: _____ Minor Concentration: _____

Study Abroad Program/Institution: _____ City, Country: _____

Four-Year Degree Granting University issuing the transcript (this is not BU): _____

I wish to study abroad for the Fall Spring Summer (check one box) term of the Academic Year: _____ (desired Academic Year).

Step 1:

The External Study Abroad Program indicated above is eligible for transfer credit approval and has been approved by Boston University Study Abroad.

Approved by External Study Abroad Advisor: _____ Signature: _____ Date: _____

Note: All courses must be approved by the appropriate academic department.

Step 2:

To the Director of Undergraduate Studies and/or Academic Advisor:

By signing below, you are not approving the external study abroad program, but agreeing that the coursework as described fits with the student's intended plan of study and/or that the courses as described consist of sufficient content and objectives to be eligible for transfer.

If you require additional information about the class content, or would like to confirm that a course covers certain topics, please ask the student to provide you with a syllabus and/or course description. It is the student's responsibility to obtain this information.

Students should refer to the External Programs website at www.bu.edu/abroad/external_programs for more details on guidelines and policies. Should you have any questions, please call the Program Manager for External Programs in BU Study Abroad ext. 3-9888.

Academic Advisor's Name (please print): _____

Advisor's Signature: _____ Date: _____

