

# 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: \_\_\_\_\_