

**Boston University, Department of Computer Science  
Petition for Approval of Course Transfer and/or  
Equivalency**

Name: \_\_\_\_\_  
Last First Middle Initial

BU ID#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current degree program (check one):

\_\_\_\_ MA      \_\_\_\_ post-bachelor's PhD      \_\_\_\_ post-MA PhD

Current academic advisor: \_\_\_\_\_

Current research advisor (if different): \_\_\_\_\_

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**Course Information**

Institution where course was taken: \_\_\_\_\_ Year: \_\_\_\_\_

Official course title: \_\_\_\_\_

Official course number: \_\_\_\_\_ Instructor: \_\_\_\_\_

Textbook: \_\_\_\_\_ Your grade: \_\_\_\_\_

Course www page (if available): \_\_\_\_\_

**Attach the following items:**

1. a copy of the course syllabus
2. a copy of the transcript that shows your grade in this course

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**For Departmental use only**

Course transfer (check one):

\_\_\_\_declined      \_\_\_\_recommended (transfer is subject to GRS approval)

BU CS course equivalence (check one):

\_\_\_\_no      \_\_\_\_yes, BU course number: \_\_\_\_\_

Comments:

Graduate director signature: \_\_\_\_\_ Date: \_\_\_\_\_