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):____________________________________

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

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: ____________