School of Medicine
Division of Graduate Medical Sciences

Credit Transfer Form

INSTRUCTIONS: The attention of the student is called to the regulations on transfer of credit in the Division of Graduate Medical Sciences Bulletin. A student should file a separate set of forms for each institution from which transfer of credit is requested. Items 1 through 12 must be completed. Submit an official transcript of course work at other institutions must be sent to the GMS Registrar, Division of Graduate Medical Sciences, Boston University School of Medicine, 72 E. Concord Street, Room L-309, Boston MA 02118.

STUDENT INFORMATION

Last Name: First Name: BU ID#:

BU Alert Number:

Current Degree Program: CHOOSE DEGREE

Program/Department:

Major Advisor's Last Name: Major Advisor's First Name:

Major Advisor's Email:

CREDIT TRANFSER INFORMATION

Institution from which credits are being transferred –

College or University:

Program or Department:

Degree(s) earned (if any) and date(s) awarded:

Have any of the courses listed below been applied to satisfy the requirements for any degree previously earned?

☐ NO ☐ YES if yes, list course numbers:

Specify below the curricular schedule in effect at the above institution at the time course work requested for transfer was taken:

☐ 2-semester academic year ☐ 3-semester academic year ☐ 4-quarter academic year

☐ Summer Session (minimum 6 weeks) ☐ Other

Enter the courses below. Be sure course and titles are exact. Under GRAD, enter "G" for courses specifically designated as Graduate courses.

Academic year and semester or quarter	Course number	GRAD	Official Course Title	Instructor	_Sem. Hours or _Quarter Hours	Grade
				TOTAL NUMBER OF HOURS		