

# BLUEFIELD UNIVERSITY

## Course Transfer Approval Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

This form is required for students who plan to meet BU graduation requirements by enrolling in another university for class(es) and then transferring that coursework back to Bluefield University. BU students should complete the form, acquire the necessary signatures, and submit it to BC Central for approval by the Registrar. If appropriate, the approval will then be returned to the student (typically scanned, by email to the student's Bluefield email), who can then enroll in the course as requested.

*A student must earn a grade of A, B, or C to transfer work into Bluefield University.* The student understands that the grades earned and transferred to Bluefield University will be entered on his/her record and accepted toward fulfilling degree requirements. The catalog requirements for transfer work are the same.

The above-named student, who is in good standing at Bluefield University, is hereby authorized to enroll at your institution for the course(s) during the period specified below. To receive transfer credit for this work, the student must arrange for a transcript to be forwarded directly from your institution to the Registrar at Bluefield University immediately after completion of the course(s).

The above-named student, who is not currently enrolled at Bluefield University, is hereby authorized to enroll at your institution for the course(s) during the period specified below. To receive transfer credit for this work, the student must arrange for a transcript to be forwarded directly from your institution to the Registrar at Bluefield University immediately after completion of the course(s).

Name of College/University: \_\_\_\_\_

Address of College/University: \_\_\_\_\_

Course Number	Title of Course	Dates	Credits	BU Course Equivalency	Approved
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

### Signatures

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_