

Incoming Course Evaluation Form

Transfers/Equivalencies for Incoming Masters Students

Student Name: _____ Date: _____

Student BSU ID #: _____

BSU Department: _____ Advisor: _____

- Up to 9 credits can be transferred from another regionally accredited University

-If possible, please evaluate the syllabi/content of the courses to be transferred and determine the equivalent course available at Ball State.

Former University/College Name: _____					
Transfer course(s) Number (i.e.: ID 705):	Semester/Year Taken:	# Of credit hours:	Grade received:	BSU course equivalent:	Description of course:
1.					
2.					
3.					

Former University/College Name: _____					
Transfer course(s) number (i.e.: ID 705):	Semester/Year Taken:	# Of credit hours:	Grade received:	BSU course equivalent:	Description of course:
1.					
2.					
3.					

Former University/College Name: _____					
Transfer course(s) number (i.e.: ID 705)	Semester/Year Taken:	# Of credit hours:	Grade received:	BSU course equivalent:	Description of course:
1.					
2.					
3.					

Signatures needed for approval:

Student: _____

Advisor: _____

Department Chair: _____

Please submit form to: gradschool@bsu.edu

Graduate School only:	Entered by: _____	Date entered: _____
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