

BEMIDJI STATE UNIVERSITY
Records & Registration Office
 Deputy Hall, Room 101, #12
 1500 Birchmont Dr.
 Bemidji, MN 56601
 218/755-2020 Fax: 218/755-4409
 records@bemidjistate.edu

Substitute/Transfer Course Equivalency

Complete a separate form for each major / area of emphasis / liberal education / minor / licensure endorsement and for each college.

Name: _____ **BSU ID/Star ID:** _____ **Date:** _____

Note: Once processed, a copy of this form will be mailed to your BSU student email account for your records.

This equivalency form is for courses taken at: _____
 (Specify name & location of institution)

This equivalency form will be used for my major, lib ed, minor, or endorsement (check one only and identify):

Catalog Used

_____ **Major:** _____
 _____ **Area of Emphasis:** _____
 _____ **Liberal Education** (transfer only): _____
 _____ **Minor:** _____
 _____ **Licensure Endorsement:** _____

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|--|
| Do you have Grad Plans submitted to Records Office: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
|--|

Substitute/Transfer Course(s):

| Transfer Subject | Transfer Course No. | Substitution/Transfer Course Title | Period Taken | Grade Rec'd | Credits Rec'd |
|------------------|---------------------|------------------------------------|--------------|-------------|---------------|
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To be used in place of:

| BSU Subject i.e. ACCT | BSU Course i.e. 1101 | Course Title i.e. Principles of Accounting I | Credits i.e. 3 |
|--------------------------|-------------------------|---|-------------------|
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Signature of Advisor: _____ Recommendation: Approval Denial

Signature of Dept. Chair: _____ Recommendation: Approval Denial

****Attention Department Chairs:**

A DARS equivalency won't automatically be created from this form. If you would like this equivalency to be a permanent exception for all students, email records@bemidjistate.edu with the subject of DARS RULE CREATION and indicate the equivalency you would like added in the body of the email.

COMMENTS:

For Office Use ONLY

Records: _____ **DARS:** _____ **Sent:** _____
 _____ Date _____ Initials _____ Date _____ Initials _____
Recommendation: Approval Denial