

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

Graduate Substitute/Transfer Course Equivalency

Separate forms must be used for each program and for each college or transfer.

Form MUST be signed by Advisor, Department Chair, College Dean and the Director of Graduate Studies before it can be processed in the Records Office

Name: _____ BSU ID: _____ Date: _____

This equivalency evaluation is for courses taken at:

_____ for my (check one only and identify):

(Specify Name and Location of Institution)

Program: _____

Licensure Endorsement: _____

Verify
(Office Only)

*DEPT. CHAIR USE ONLY

Transfer Course(s):

To be used in place of:

Trans. Dept.	Course No.	Substitution/Transfer Course Title	Period Taken	Grade Rec'd	Credits Rec'd

BSU Dept.	BSU Crs. No.	Course Title	Credits Granted

*The applicant must attach relevant transcripts to this form before submitting

Signature of Advisor: _____ Recommendation: Approval Denial

Signature of Dept. Chaif. _____ Recommendation: Approval Denial

Signature of College Dean: _____ Recommendation: Approval Denial

Signature of Grad. Studies Director: _____ Recommendation: Approval Denial

COMMENTS:

Records Office: _____ Recommendation: ___ Approval ___ Denial

For Office Use ONLY

DARS:

 Date Initials Code Req.

Sent:

 Date Initials