

**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](mailto: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. Chair: \_\_\_\_\_ Recommendation: Approval Denial

Signature Grad. Studies Director: \_\_\_\_\_ Recommendation: Approval Denial

Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Records Office: \_\_\_\_\_ Recommendation: \_\_\_ Approval \_\_\_ Denial

**For Office Use ONLY**

**DARS:**

\_\_\_\_\_  
 Date Initials Code Req.

**Sent:**

\_\_\_\_\_  
 Date Initials