

**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

Separate forms must be used for each program (major / area of emphasis / liberal education / minor / licensure endorsement) and for each college or transfer.

**\*Form MUST be signed by Department Chair before it can be processed in the Records Office\***

**Name:** \_\_\_\_\_ **SSN/BSU ID:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

This equivalency evaluation is for courses taken at:

\_\_\_\_\_ for my (check one only and identify):  
 (Specify Name and Location of Institution)

**Catalog Used**

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

Verify  
(Office Only)

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

**Do you have Grad Plans submitted to the Records Office?**  Yes  No

**Substitute/Transfer Course(s):**

**To be used in place of:**

\*DEPT. CHAIR USE ONLY

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

BSU Dept.	BSU Crs. No.	Course Title	DARS Perm. Equiv.*Y/N	Credits Granted

\*Y indicates that this transfer equivalency can be set-up as a permanent equivalency in DARS

Signature of Advisor: \_\_\_\_\_ Recommendation:  Approval  Denial

Signature of Dept. Chair: \_\_\_\_\_ Recommendation:  Approval  Denial

**COMMENTS:**

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

Registrar: \_\_\_\_\_ Recommendation:  Approval  Denial

**For Office Use ONLY**

DARS: \_\_\_\_\_  
 Date Initials Code Req.

Sent: \_\_\_\_\_  
 Date Initials