BERKSHIRE
COMMUNITY COLLEGE

Student Name _____

Student ID _____

Program of Study _____

Expected Graduation Date: ☐ August ☐ December ☐ May/June Year _____

College/University where course(s) will be taken _____

Semester of study _____

BCC Requirement(s) to be met: **COURSE / CREDITS**	List of Course(s) to be Transferred Back to BCC: **COURSE / TITLE / CREDITS**	Approval/BCC Transfer Evaluator: **SIGNATURE**

It is the student's responsibility to provideBCC with an official transcript of completed course work.

Only grades of "C" or higher are transferable.

Student may wish to furnish BCC with grade report or unofficial transcript to verify transferable grade(s).