## **RELEASE COURSE FORM**

**Students:** Please complete all fields outlined in blue and sign by typing into the appropriate field. General questions about releasing a course should be sent to engrec@bu.edu. *Please Note:* Students planning to release a course toward a future graduate degree must do so **prior** to graduation.

Name:_			BU ID#:			
Major:_	ajor: Expected Graduation Date (Month/Year):					
E-mail A	Address:					
Minor:	Yes: No		Concentration: Yes: No			
A minimum grade of B must be earned to release. Released courses will remain on your undergraduate transcript and will only factor into your undergraduate GPA.						
Course	e 1:					
						Office Use Only: Approved
	e Number	Course Title	Credits	Sem/Year Taken	Grade	
Course	e 2:					
		- Till	0 "	O 0/ T.I		Approved
	e Number	Course Title	Credits	Sem/Year Taken	Grade	
Course	e 3:					
Course	e Number	Course Title	Credits	Sem/Year Taken	Grade	Approved
Course	e 4:					
						Approved
Course	e Number	Course Title	Credits	Sem/Year Taken	Grade	
	Student's Signature					Date
Office U	se Only					
The courses indicated as "Approved" above were applied to Graduation Date:						
	Records Verification					Date