



**REQUEST FOR TRANSFER OF CREDIT -
 MESSAGE THERAPY CERTIFICATE PROGRAM**

Date _____ Quarter Applying For? _____ 9- or 15-month? _____

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

BCMT accepts transfer credit from accredited two-and four-year colleges and universities. Applicants may request a transfer of credit for equivalent courses for which they have earned a grade of "B" or better and for ones taken within the last five years. Please attach a course description for each course listed below.

NOTE: REQUESTS FOR TRANSFER CREDIT MUST BE COMPLETED PRIOR TO ENROLLMENT.

The applicant requests transfer of credit for the following courses for which he/she has completed equivalent coursework:

Request Transfer Credit For:	Name of Course(s) Taken	Course Code	Name of College	Date Completed	Grade
Anatomy, Physiology & Pathology I					
Anatomy, Physiology & Pathology II					
Anatomy, Physiology & Pathology III					

Signature of Student: _____ Date: _____

Please submit this form along with your portfolio to:

Boulder College of Massage Therapy
 Attn: Director of Enrollment
 6255 Longbow Drive
 Boulder, CO 80301

DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY

Approved by: _____ Date: _____

Director of Enrollment

(CC: Financial Aid Advisor, Director of Education and Bursar)