

## COURSE TRANSFER REQUEST FORM

*[Use this form to request BIO program credit using another course from outside the university. Do not use this form to request BIO major elective lecture or laboratory course credit using other UB courses or to request special considerations within the BIO program, or to request course articulation from outside UB.]*

### DEPARTMENT OF BIOLOGICAL SCIENCES

109 Cooke Hall  
University at Buffalo, Buffalo, NY 14260-1300  
(716) 645-2323 Fax (716) 645-2975

Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
Local Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Local Tel #: \_\_\_\_\_ Alternate/Home Tel #: \_\_\_\_\_

UB BIO Major Program: BA  BS  Class Standing: FR  SO  JR  SR   
or Other UB Major (if double major/joint major/double degree): \_\_\_\_\_

UB BIO course or requirement for which you seek credit		Transfer course to be applied	
BIO _____ (course #)			
	(title)	(course #)	(title)
		Institution where transfer course was (will be) taken:	

Attach to this petition form:  
 Copy of course description from the transfer institution catalog  
 Copy of course syllabus from transfer institution

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Student:** *Please submit completed transfer petition form and attached supporting documents to the Department of Biological Sciences Office, 109 Cooke Hall, North Campus*

#### *For Department Use Only*

Approved for: \_\_\_\_\_ credits (lecture) \_\_\_\_\_ credits (lab)  
 Not approved

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_