

BIO PROGRAM PETITION FORM

[Use this form to request special considerations within the BIO program.

Do not use this form to request BIO program credit using another course from inside or outside the university, 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): _____

Attach to this petition form:

Copy of Academic Advising Report or BIO Program spreadsheet summary

Copy of relevant supporting documentation

Write here a brief summary of the petition request. On an attached sheet, provide a clear and complete statement of the petition request, including information and/or documentation supporting the requested action.

Student Signature: _____ Date: _____

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

For Department Use Only

Approved

Not approved

Reviewed by: _____ Date: _____

Comments: _____
