PETITION TO COUNT A UB COURSE AS A BIO ELECTIVE OR LAB

[Use this form to request BIO program credit using another course from outside the department.]

DEPARTMENT OF BIOLOGICAL SCIENCES

109 Cooke Hall University at Buffalo, Buffalo, NY 14260-1300 (716) 645-2525 Fax (716) 645-2975

Name:		Student #:	
Local Address:			
Local Tel #:		Alternate Tel #:	
E-mail:			
UB BIO Major Progr	am: BA □ BS □	Class Standing: FR □ SO □ JR □ SR □	
Other UB Major (if d	ouble major/joint i	major/double degree):	
Other UB cour	se requested to b	pe applied toward the BIO major program	
(department and c	ourse #)	(title)	
Lecture	urse syllabus to in and/or Lab (if ap	clude: plicable) topic schedule Date:	
To Student:	ent: Please submit to the Department of Biological Sciences Office, 109 Cooke Hall, North Campus		
	For De	partment Use Only	
□ Approved for:□ Not approved	credits (lectur	e) credits (lab)	
Reviewed by:	Date:		
Comments:			
			