

# DEPARTMENT OF BIOLOGICAL SCIENCES TRANSFER PETITION FORM

Name	Date
UB student number	
Current or Campus address	
e-mail	Telephone

UB BIO major	BA	BS	Class Standing	Fr	So	Jr	Sr
Other major:							

**University at Buffalo**

**course for which you seek credit.**

**Equivalent transfer course**

BIO	Title	Course #	title
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Institution where transfer course was taken: \_\_\_\_\_

	<b>Checklist</b>
	<b>Copy of course description from transfer institution attached.</b>
	<b>Syllabus of course from transfer institution attached.</b>
	<b>Current DARS report attached.</b>

Office use only

	Approve for _____ credits	Reviewed by
	Not approved	Date
Comments:		