DEPARTMENT OF BIOLOGICAL SCIENCES
TRANSFER PETITION FORM
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: __________________

<table>
<thead>
<tr>
<th>UB Course for which you seek credit</th>
<th>Transfer course to be applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO (course #) (title)</td>
<td>(course #) (title)</td>
</tr>
<tr>
<td>Institution where transfer course was (will be) taken:</td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________

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Rev. 03/01/2012