



UNIVERSITY of WISCONSIN  
**UWMILWAUKEE**  
 College of Letters and Science  
 Department of Biological Sciences

## Doctoral Transfer Credit Approval Form

I. TO BE COMPLETED BY STUDENT					
NAME	LAST	FIRST	MIDDLE	CAMPUS ID	
PREVIOUS NAME	LAST	FIRST	MIDDLE		
E-MAIL ADDRESS			ADVISOR'S NAME		
List each course you would like to have counted toward your current degree requirements.					
INSTITUTION	DEPT.	COURSE NO./TITLE	SEM/YR	CREDITS	GRADE

II. TO BE COMPLETED BY ADVISORY COMMITTEE		
Please examine the graduate credits above for transfer. Complete this section with your recommendation and return this form to the Graduate Program Assistant (Lapham S181).		
<input type="checkbox"/> APPROVE ALL CREDIT <input type="checkbox"/> APPROVE PARTIAL CREDIT (indicate which credits) <input type="checkbox"/> DISAPPROVED		
COMMITTEE MEMBERS	SIGNATURE	DATE
<b>Major Professor</b>		
<b>Professor</b>		
<b>Professor</b>		
<b>Professor</b>		
<b>Professor</b>		
<b>Professor</b>		
<b>Graduate Program Director</b> Douglas Steeber		