

Department of Biological Sciences

Doctoral Transfer Credit Approval Form

I. TO BE COMPLETED BY STUDENT							
NAME LAS	ME LAST FIRS		MIDDLE C		CAMPUS II	CAMPUS ID	
E-MAIL ADDRESS	ADVISOR'S NAME						
List each course you would like	ke to have counted toward your cu	rrent degree	requirements.				
INSTITUTION	COURSE NO./TITLE		SEM/YR	CREDITS	GRADE	SECONDARY AREA (Y/N)	
			ADVISORY COMM				
Please examine the graduate Program Assistant (Lapham S	credits above for transfer. Comple S181).	ete this section	n with your recommendar	tion and return this	form to the G	raduate	
☐ APPROVE ALL CREDIT	☐ APPROVE PAR	TIAL CREDI	Γ (indicate which credits)	☐ DISA	PPROVED		
COMMITTEE MEMBERS		SIGNATURE				DATE	
Major Professor							
Professor							
Professor							
Professor							
Professor							
Professor							
Graduate Program Director							