UNIVERSITY of WISCONSIN
UWMILWAUKEE

Department of Biological Sciences

Doctoral Transfer Credit Approval Form

I. TO BE COMPLETED BY STUDENT

NAME LAST	FIRST	MIDDLE	CAMPUS ID

E-MAIL ADDRESS	ADVISOR'S NAME

List each course you would like to have counted toward your current degree requirements.

INSTITUTION	COURSE NO./TITLE	SEM/YR	CREDITS	GRADE	SECONDARY AREA (Y/N)

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).

☐ APPROVE ALL CREDIT ☐ APPROVE PARTIAL CREDIT (indicate which credits) ☐ DISAPPROVED

COMMITTEE MEMBERS	SIGNATURE	DATE
Major Professor		
Professor		
Professor		
Professor		
Professor		
Professor		
Graduate Program Director Steven Forst		

REVISED 2-2019