REQUEST TO TRANSFER POST-BACCALAUREATE CREDIT

BIOINFORMATICS AND COMPUTATIONAL BIOLOGY PHD PROGRAM

Student Name _____ SID _____

Student Signature _____ Date _____

I received _____ degree from _____ in _____
(Master's degree) (Institution) (Year)

I request the following _____ credit hours be transferred into BCB PhD Program. Note that the total request cannot exceed 30 credit hours.

Course code	Title	Grade	Credit hours

* A copy of the transcript showing all courses listed above AND a copy of the syllabus for each course should be attached to this form.

Request Approvals (include name and signature):

Academic Advisor _____ Date _____

BCB Program Director _____ Date _____

Graduate School _____ Date _____