

Petition for Approval of Non-UB Transfer Credits

The graduate studies director or department chair determines the applicability of proposed transfer coursework toward your UB graduate program. Only graduate courses completed at accredited or recognized higher education institutions and with grades of full B or better are eligible for transfer credit. Courses graded S or P are eligible for consideration except when the transfer institution's grading policy equates S or P with lower than a full B grade.

Transfer credit limits: No more than 20 percent of a master's program may be comprised of non-UB graduate credits. No more than 50 percent of the total credits required for a doctoral program may be comprised of non-UB credits or credits applied toward another UB graduate degree. A minimum of 90 percent of all credits applied toward a UB advanced certificate credential must be comprised of UB credits. Academic programs may establish stricter limits.

Last Name _____ First Name _____

UB Person Number _____ Email _____

Academic Dept. _____ Degree Type: Adv Cert ___ Master's ___ Doctoral ___

Student: List below the courses you wish to transfer. **Major Advisor/DGS:** Confirm how the proposed transfer coursework applies toward the student's UB graduate degree program by listing the equivalent UB course or competency and indicating whether it will fulfill a specific program requirement or will be used as an elective.

Name of Transfer Institution _____

Course Number and Title	Credits	Semester/Year	UB Course Equivalent	Required or Elective
e.g., PSY 600 Developmental Psych	3	Fall 2016	PSY 617 Adv. Developmental Psych	Required Course

Total (non-UB) Graduate Transfer Credits Requested _____

Required Attachments

An original, official transcript from the transfer institution must be attached. If the original transcript was submitted upon admission to your UB graduate program, a legible photocopy (front and back) of the transcript must be attached.

Required Approvals

Student _____
Print Name Signature Date

Major Advisor _____
Print Name Signature Date

Chair/Director of Grad. Studies _____
Print Name Signature Date

Submit completed form and attachments to the Graduate School at grad@buffalo.edu or 408 Capen Hall.

For Graduate School Use Only

Reviewer: _____ Approved _____ Denied _____ PDB _____ HUB _____ Email _____ Revised 4/28/2020