

**TULANE UNIVERSITY**

**Department of Ecology & Evolutionary Biology**

**APPLICATION FOR TRANSFER CREDIT**

To have your request reviewed for possible transfer credit in Ecology and Evolutionary Biology, please complete this form and submit it to the Department of E.E. Biology, 310 Dinwiddie Hall, along with the course description from the school's catalog and a transfer credit evaluation form from your dean's office. Incomplete information will result in the materials being returned without a decision.

**STUDENT INFORMATION**

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone Number(s):** \_\_\_\_\_

**Major(s):** \_\_\_\_\_

**Minor(s):** \_\_\_\_\_ **Class:** Freshman \_\_\_\_\_ Soph. \_\_\_\_\_

**College:** \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

**SCHOOL INFORMATION**

**Specify name, address & contact information of the institution at which the course(s) was (will be) taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Give course number(s), name(s) & credits:**

<b>Number</b>	<b>Name</b>	<b>Credits</b>

**Credit System:** Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Other \_\_\_\_\_

**REQUESTED TULANE EQUIVALENT**

**Indicate the EEOB course number(s), name(s) & credits for which you wish to receive credit:**

<b>Number</b>	<b>Name</b>	<b>Credits</b>

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENTAL ACTION**

**Approved:**  **Not Approved:**

**Signature of Chair:** \_\_\_\_\_

**Comments:**