

Request for Special Permission Regarding Biology Courses

Name: _____ I.D. # _____ Date: _____

UNCG Station Address: _____

E-mail Address: _____

Other Mailing Address: _____

Campus Phone: _____ Other Phone: _____ Class: Fr. So. Jr. Sr.

Transfer Student? Yes ___ No ___ If yes, name of other institution(s): _____

Major: _____ Major Advisor: _____ GPA: _____

*****YOU MUST ATTACH AN UP-TO-DATE TRANSCRIPT FROM UNCG** and any other institution relevant to your request (an unofficial transcript is OK). If requesting transfer credit, **YOU MUST** attach a catalog description and SYLLABI for the courses you are requesting credit for and their UNCG equivalent. ***

Nature of your request (be clear, complete and concise. Tell exactly what you are requesting):

Reasons to justify your request (make your reasons clear and complete):

Decision of Biology Official (Students leave this blank):

REQUIRED signature of your advisor: _____ Date: _____

Signature of Associate Head or Chair of Undergraduate Studies Committee:

_____ Date: _____ Bio Dept. HD Forms