

BIOLOGICAL SCIENCES ARTICULATION REQUEST FORM

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[DATE RECEIVED]

STUDENT _____

ID#

PHONE _____

EMAIL _____

COURSE FOR ARTICULATION

COURSE # AND TITLE _____

COLLEGE _____

COURSE COMPLETED _____

GRADE _____

REQUIRED MATERIALS: COURSE DESCRIPTION [] SYLLABUS []

OTHER MATERIALS: _____

TEXT USED: _____ (TITLE, AUTHOR, EDITION)

UCSC EQUIVALENT COURSE

BIOL _____

COURSE # AND TITLE _____

FOR OFFICE USE ONLY

EVALUATED BY

DATE

EQUIVALENCY APPROVED / NOT APPROVED

TRANSFER CREDIT: AIS / BUGS / EAP / ARTICULATION DB

STUDENT NOTIFIED _____

FALL 2004