Transfer Course Articulation Request

Transfer Institution:

UB Department Teaching Course:

Student Person Number: **Major:**

Student Email: **Student Phone#:**

NOTES for UB Departments:
Articulation is considered global unless specified, "For this student only".
Use "+" or "OR" if more than one course is matched, "NOC" if no course matches.

TRANSFER COURSE		UB COURSE	
Transfer Course Prefix/Number/Title	Transfer Course Semester/Year	UB Course Prefix/ Number/Title	UB Course Type/Lec/Lab/Rec /Sem/Tut

Please return this completed and signed form by email to TAURUS@buffalo.edu, FAX to 645-2288 or mail to **Transfer and Articulation Services**, University at Buffalo, **316 MFAC**, North Campus, Buffalo, NY 14261-0026. Contact Jennifer Gottdiener with questions at 645-6729 or jgott@buffalo.edu.

Please Print_____

UB Director Undergraduate Studies / UB Dept. Representative

_____

Authorized Signature (not required if sent by e-mail) Date

DARS CODING-FOR TAS USE

Date **Input/Change** **By**

_____

_____

_____

Tracked: ☐ **Coded:** ☐