

Petition for Approval of Non-UB Transfer Credits for EdD Students

The director of graduate studies 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:

- Learning and Teaching in Social Contexts: Students who have completed prior doctoral-level coursework from outside UB may request consideration for a limited substitution of up to six elective credits.
- Educational Administration: No more than six transfer credits and is limited in level to only credits from other professional or traditional doctoral programs that were taken at another higher education institution.

Last Name _____ First Name _____

UB Person Number _____ Email _____

Academic Dept. _____ Program _____

Student: List below the courses you wish to transfer. **DGS/Chair:** 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 _____

Transfer Course Number & title	Credits	Term/Year	UB Course Equivalent	Required? Elective?
<i>e.g. PSY 600 Psych Development</i>	<i>3</i>	<i>Fall 2016</i>	<i>PSY 617 Adv. Developmental Psych</i>	<i>Required</i>

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.

For Graduate School Use Only

Reviewer: _____ Approved _____ Denied _____ PDB _____ HUB _____ Email _____

Revised 7/2025