

Grade/Degree Transfer Request

Date of Request: _____

Graduate Advisor: _____

Advisor Phone Number: _____

Student Name: _____

Student SamID: _____

Please give credit for the following courses:

Transfer University Attended	Transfer University Course Prefix & Number	Semester Completed	Hours Earned	Grade Earned	SHSU Equivalent Course Prefix & Number

Please attach a copy of the student's transcript (front and back). Send to the Office of Graduate Studies, campus mail Box 2541, FAX 4-2409, or hand deliver to ADM 203. Note: Academic coursework more than six years old will require written justification (please attach).

Signatures:

Graduate Advisor

Academic Dean

Office of Graduate Studies Use Only

GS Processor _____ Date _____