PRE-APPROVED TRANSFER CREDIT FORM

I, ________________________________________, _________-_______-_______, have been advised that only courses in which I receive a grade of “C” or better will be transferable from a regionally accredited college or university. I was also advised that 30 of the last 36 semester credit hours toward a degree must be taken at Prairie View A&M University. I must submit an official transcript to the Office of the Registrar to receive any transfer credit.

__________________________________
(Student Signature)  
__________________________________
(Date)

Terms and Conditions:

- A maximum of 90 semester credit hours from an upper level institution or a maximum of 66 semester credit hours from a lower level institution may be transferred toward a degree.
- Courses taken at community / junior colleges WILL NOT be accepted for transfer at the upper division (junior/senior level).
- Any transfer courses graded on a pass / fail basis, the College or University at which the course was taken must provide written documentation to the Registrar that the course was passed at a grade level equivalent of “A,” “B,” and “C.”
- Transfer grades WILL NOT calculate into the Prairie View A&M University cumulative grade point average and cannot act as a “repeated” course for grade point average purpose.

Is the institution regionally accredited? _____ Yes _____ No  If so, by which agency? __________________________

What will be the method of instruction? ______ face-to-face” ________ “On-line” or ________ “Other”

If “On-line,” please indicate the accrediting agency? ___________________________________________________

If “On-line,” how will tests/exams be proctored? ___________________________________________________

If “Other,” please explain. ____________________________________________________________

Please attach documentation that will assist in the evaluation of the course being transferred (i.e. course description, course syllabus, etc.)

<table>
<thead>
<tr>
<th>Semester Completed</th>
<th>Course Prefix/No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Course Prefix/No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
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PVAMU Equivalents

(Name of College/University)

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<tr>
<th>Academic Advisor</th>
<th>Date</th>
<th>Dept. Head</th>
<th>Date</th>
<th>Dean</th>
<th>Date</th>
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* THIS FORM MUST BE COMPLETED WITH ALL REQUIRED SIGNATURES BEFORE BEING ACCEPTED IN THE REGISTRARS’ OFFICE.