

PREAPPROVED TRANSFER CREDIT REQUEST GUIDE

Dear Social Work Student:

If you are satisfying credits at another institution and are within the final 30 semester hours, you must complete and sign the Preapproved Transfer Credit Form and submit it to the Department of Social Work Education along with the following support documents:

- Write a letter to Dr. Chima (see example on page 2)
 - explain why you are requesting to take the course off campus
 - course name and number (off campus)
 - institution where course is being taken
 - course name and number (PV)
 - method of instruction (online, in person, etc)
 - dates of instruction
 - term you are taking the course
- Proof of registration showing course name and number, location, and semester dates
- Receipt for payment of course

It is imperative that the form is completed in its entirety and ALL supporting documents are attached.

Incomplete requests will be rejected.

If you have any questions, you may contact the Department of Social Work Education at

936-261-1670.

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MEMORANDUM

To: Dr. Felix O. Chima, Director of Social Work Education

From: **[YOUR NAME]**

[DATE]

Re: Catalog Waiver Request

Dr. Chima:

I am requesting to take ¹BIOL 2401 (Anatomy and Physiology) at ²Lone Star College during the ³Fall mini session. I am currently enrolled in six of my last nine credit hours at Prairie View A&M University but need ⁴BIOL 1054 (Anatomy and Physiology) in order to graduate in December, and all sections are closed. The course will be taken ⁵online from ⁶October 21 through December 14, 2013. If I am not allowed to take this course off campus, I will have to enroll next semester for just one course; which will cause a financial hardship.

Thank you for considering my request.

Respectfully,

[YOUR NAME]

{Student ID}

Ensure that ALL pertinent information is included:

1. *Course name and number off campus*
2. *Institution where course is being taken*
3. *Term course will be taken*
4. *PV course name and number*
5. *Method of instruction*
6. *Dates of instruction*

This is an outline showing what has to be included in the request letter. Please note, that justification is specific to your situation. Contact the Department of Social Work Education with questions or for assistance at 936-261-1670.

Prairie View A&M University

Office of the Registrar

P.O. Box 519, Mail Stop 1002 Prairie View, TX 77446

Phone: (936) 261-1047

PRE-APPROVED TRANSFER CREDIT FORM

I, _____, _____ - _____ - _____,
 (Print Full Name) (Student ID Number)

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.)

	PVAMU Equivalents
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(Name of College/University)

Semester Completed	Course Prefix/No.	Course Title	Credit Hours	Course Prefix/No.	Course Title	Credit Hours

 Academic Advisor Date Dept. Head Date Dean Date

*** THIS FORM MUST BE COMPLETED WITH ALL REQUIRED SIGNATURES BEFORE BEING ACCEPTED IN THE REGISTRARS' OFFICE.**