

**PRAIRIE VIEW A&M UNIVERSITY
GRADUATE SCHOOL
P. O. BOX 519; MS 2800
PRAIRIE VIEW, TEXAS 77446-0519
(936) 261-3500**

APPROVAL OF TRANSFER CREDITS FORM

Name: _____ **Student ID # :** _____

School(s) from which course(s) will be transferred: _____

NOTE: Graduate credit earned at another accredited institution, *not exceeding six (6) semester hours*, may be transferred and applied toward the Master's degree at Prairie View A&M University. Only courses with a *grade of "B" or better* may be transferred. An " A " grade from another institution or earned in extension may not be used to validate a grade of "C" earned at Prairie View A&M University. *Under no circumstances will transfer course work be considered that will be more than six (6) years old at the time the degree is awarded.* An official transcript denoting the transfer course(s), year, and grade received must be on file in the Office of the Registrar before acceptance of transfer credit is official.

I have read the above policy outlining the approval of transfer credit. I understand that all criteria must be met before transfer credit is approved.

Student's Signature

<i>Transfer Prefix,#</i>	<i>Transfer Course Title/Description</i>	<i>Grade</i>	<i>Credits</i>
1.			
2.			
<i>P.V. Equivalent</i>	<i>P. V. Course Title/Description</i>		
1.			
2.			

Please attach a course description from the transfer institution's catalog for evaluating purposes.

Approved:

Disapproved:

Advisor Date

Advisor Date

Department Head Date

Department Head Date

Dean of Graduate School Date

Dean of Graduate School Date