

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.)

(Name of College/University)				PVAMU Equivalents		
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.