I, ____________________________, P123 - 45 - 678, 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?  via proctorio
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.)(and PVAMU instructors approval email)

<table>
<thead>
<tr>
<th>University of New York</th>
<th>PVAMU Equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name of College/University)</td>
<td></td>
</tr>
<tr>
<td>Semester Completed</td>
<td>Course Prefix/No.</td>
</tr>
<tr>
<td>Spring 2023</td>
<td>CVEG 431</td>
</tr>
</tbody>
</table>

____________________________________________________________________________________

Academic Advisor         Date       Dept. Head                        Date       Dean                               Date

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