Grade/Degree Transfer Request

**Date of Request:**

**Graduate Advisor:**       **Advisor Phone Number:**

**Student Name:**       **Student SamID:**

Please give credit for the following courses:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transfer University Attended** | **Transfer University Course Prefix & Number** | **Semester Completed** | **Hours Earned** | **Grade Earned** | **SHSU Equivalent Course Prefix & Number** |
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Please attach a copy of the student’s transcript (front and back). Send to the Office of Graduate Studies, campus mail Box 2541, FAX 4-2409, or hand deliver to ADM 203. Note: Academic coursework more than six years old will require written justification (please attach).

**Signatures:**

**Graduate Advisor** **Academic Dean**

Office of Graduate Studies Use Only GS Processor Date