



Sam Houston State University

A Member of The Texas State University System

The Graduate School

Grade/Degree Transfer Request

Date of Request:

Advisor Phone Number:

Graduate Advisor:

Student SamID:

Student Name:

Student Email:

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

Please attach a copy of the student's transcript (front and back). **Send to The Graduate School, campus mail Box 2541, FAX 4-2409, or hand deliver to Templeton Building, 1st floor.** Note: Academic coursework more than six years old will require written justification (please attach).

Signatures:

Graduate Advisor

Academic Dean

The Graduate School Use Only	GS Processor _____	Date _____
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