

Grade/Degree Transfer Request

Date of Request: _____ College: _____ Department: _____

Graduate Advisor: _____ Grad. Adv. Ext: _____

Student Name: _____ Student SAMID: _____

Grades Transferred: _____

Please give credit for the following courses:

| | <u>Original Course Name/#</u> | <u>Semester Completed</u> | <u>Hours Earned</u> | <u>Grade Earned</u> | <u>University Attended</u> | <u>SHSU Equivalent</u> |
|-----|-----------------------------------|-------------------------------|-------------------------|-------------------------|--------------------------------|----------------------------|
| 1.) | | | | | | |
| 2.) | | | | | | |
| 3.) | | | | | | |
| 4.) | | | | | | |
| 5.) | | | | | | |

Degrees Transferred:

| | Name of University | Type of Degree | Date Conferred |
|-----|--------------------|----------------|----------------|
| 1.) | _____ | _____ | _____ |
| 2.) | _____ | _____ | _____ |

Please attach a copy of the student's transcripts.
Please send to Graduate Studies, SHSU Box 2478

Signature

GRADUATE ADVISOR

ACADEMIC DEAN