

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 (Signature)

ACADEMIC DEAN (Signature)