



A Member of The Texas A&M University System

REQUEST FOR APPROVAL TO TRANSFER COURSES FROM ANOTHER COLLEGE OR UNIVERSITY

Name _____ CWID or SSN _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____ E-mail: _____

Degree Pursuing _____ Class _____ Major/Minor _____

I am requesting permission to enroll at _____ in the following course(s)
(other institution name)

to fulfill degree requirements at Texas A&M International University:

Course Title	Course Number	Sem Cr Hrs	Semester	TAMIU Equivalent Course
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I will -or- will not be enrolled at A&M International during the same semester.*

My justification for making this request is _____

Student's Signature Date

Advisor's Signature Date

If course is NOT listed in the Equivalency Chart Brochure, approval from Department Chair WHERE COURSE IS NORMALLY OFFERED is required before registration.

Department Chair's Signature Date

RETURN THIS FORM TO THE REGISTRAR'S OFFICE

Received by Date

*for information regarding overloads and financial aid, please see reverse.

White-Registrar/Yellow-Student/Pink-Department
g:\forms\Transfer Approval.wpd