

NMSU Graduate School

Educational Services Building Room 301 MSC 3GS P.O. Box 30001

Phone: 575-646-5746 Fax: 575-646-7758

http://Gradschool.nmsu.edu

Other University Name:

Graduate School Use Only Sent and Processed by:	
Date:	

Transfer of Credit

Student Last Name:	Student First Nam	e:
Student Banner ID:	Student Email:	
Student Major:	Degree:	
Student Minor:	Phone:	

Requested Transfer Coursework

 $Student\ must\ have\ an\ official\ transcript\ sent\ to\ Graduate\ School.\ (Only\ grades\ of\ A\ or\ B\ may\ be\ transferred\ to\ NMSU.)$

Prefix and Course Number	Course Title	Credit Hours	NMSU Prefix and Course Number	NMSU Equivalent Course(s) Title	NMSU Credit Hours

I and the undersigned below, certify that the courses listed above meet the following criteria:

1.) Taken in residence at an accredited university, 2.) Taken at the graduate level, 3.) Taught by a member of the graduate faculty, 4.) Acceptable for graduate credit at offering university, 5.) Logically fits into the program of study I am undertaking at NMSU (as verified by Dept. Head's signature below). 6.) This coursework WILL NOT be older than seven years at the time of my graduation from NMSU (for Master's students only).

Approval Required:	Typed or Printed Name	Signature	Date
Student Advisor:			
Student:			
Minor Faculty: (if transfer courses are for the student's minor)			
Department Head:			
Graduate School			

If transferring more than 5 courses, please complete an additional form and ensure that form also has signatures.