



Graduate Transfer Credit Approval Request

Student Name	Student ID Number
Degree Program	

Substitute Transfer Course Information #1

A-State Course Number and Name	Transfer Institution Name	
Transfer Course Number and Name	Date Completed	Grade Earned

Substitute Transfer Course Information #2

A-State Course Number and Name	Transfer Institution Name	
Transfer Course Number and Name	Date Completed	Grade Earned

Substitute Transfer Course Information #3

A-State Course Number and Name	Transfer Institution Name	
Transfer Course Number and Name	Date Completed	Grade Earned

Comments:

Student has not exceeded 9 hours of transfer work

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print/sign and deliver to the Office of Admissions, Records, and Registration **OR**  
 Type name above and submit electronically (must come from astate.edu email) by clicking here 

**FOR REGISTRAR OFFICE USE ONLY**

Comments:

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_