

SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System

APPROVAL TO TAKE GRADUATE COURSES AT ANOTHER INSTITUTION

Name Student ID Number Expected Graduation Date

I request approval to take the following course(s) at another institution for transfer to Sul Ross State University to be used for my Master of Education degree.

Transfer Course No. & Title	From	Grade Semester/Year	For: Course No. & Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am responsible for having an official transcript sent to the Office of Admissions and Records, Sul Ross State University, Box C-2, Alpine, TX 79832 as soon as I have completed the course and the grade is posted. _____ Initial

I am graduating the semester that the transfer course will be completed and am responsible for having my grade telephoned or faxed to the Office of Admissions and Records by noon on the day before commencement. The numbers are (432) 837-8050 (phone) and (432) 837-8431 (fax).

_____ Initial if applicable

Student Date Major Advisor Date

Chair of Education Department Date Dean, Professional Studies Date

A person providing information to Sul Ross State University by means of this form is entitled (with few exceptions) to request, receive, review, and, if desired, correct information about him/her that is incorrect. Texas Government Code, Chapter 559.