

# TEXAS SOUTHERN UNIVERSITY

3100 Cleburne Street \* Houston, Texas 77004

Phone: 713-313-7071 Fax: (713) 313-7471

## Request for Verification of Transfer Credit

If you wish verification or reconsideration of course credit which has been DENIED, fill in this form with the information requested and submit the completed form to the department offering the course in question. Submit a separate form for each course if more than one is involved.

Current Student       New Student

Date: \_\_\_\_\_  
*Month Day Year*

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month Day Year*

Name: \_\_\_\_\_  
*Last First Middle*

Phone No. ( ) \_\_\_\_\_ TSU E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

- Indicate below the transfer credit you wish to be verified or re-examined; a school or college evaluator will review the credit and reply at the bottom of the page.
- If possible, please attach a course syllabus or catalog description.

Please verify the following transfer credit.

Computer Number	Course Name	Credit Hours	Course Title	Name of the Institution

Course Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TSU equivalent course (if known): \_\_\_\_\_  
*The above information is correct to the best of my knowledge.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Month Day Year*

### SCHOOL/COLLEGE USE ONLY

Date Received \_\_\_\_\_  
*Month Day Year*

Approved  Disapproved

Department Chair's Signature of Course: \_\_\_\_\_ Date: \_\_\_\_\_  
*Month Day Year*

Approved  Disapproved

Dean's Signature of course: \_\_\_\_\_ Date: \_\_\_\_\_  
*Month Day Year*