

NAME \_\_\_\_\_ AGGIE ID \_\_\_\_\_ CATALOG YEAR \_\_\_\_\_

DEGREE \_\_\_\_\_ PROGRAM \_\_\_\_\_ MINOR \_\_\_\_\_

<b>SELECT:</b>	Re-Evaluation	Financial Aid	Second Degree Seeking	Foreign
	Other _____			

INSTITUTION INFORMATION					NMSU EQUIVALENCY TO		
NAME	Semester	Course Prefix	Course Title	Credits	Course Prefix	Course Title	Credits

Justification \_\_\_\_\_

**Approved**      **Not Approved**      \_\_\_\_\_ **Department Head/Advisor**  
**Approved**      **Not Approved**      \_\_\_\_\_ **Dean**  
**Exception Processed**      \_\_\_\_\_ **Evaluator**

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 The purpose of the Request for Transfer Credit Review is for possible re-evaluation and identification of transfer credits earned.

**Steps to Follow:**

**Departmental Requirements:**

- a. Fill out form in its entirety by advisor and/or department head.
- b. Print form.
- c. Original signature from the department head/Advisor is required for approval of request to be processed.
- d. Attached to email to [emsilva@nmsu.edu](mailto:emsilva@nmsu.edu) for Dean's approval and processing.