

HOME INSTITUTION

Prairie View A&M University

PVAMU Academic Advisor Approval

Financial Aid Counselor Approval

DEPARTMENT: _____

ESTIMATED AWARD AMOUNT: \$_____

SIGNATURE: _____

SIGNATURE: _____

NAME (PRINT): _____

NAME (PRINT): _____

DATE: _____

TITLE: _____

**** PLEASE ATTACH A SIGNED COPY OF THE PVAMU APPROVAL FOR TRANSFER CREDIT FORM. WE WILL NOT PROCESS THIS FORM WITHOUT IT!**

Please return this form and requested documents to:

Allow 10-14 days to process this request.

Office of Student Financial Aid
Prairie View A&M University
311 Wille Tempton Memorial Student Center
Post Office Box 519; MS 1005
Prairie View, Texas 77446
Telephone: (936) 261 - 1000
Fax: (936) 261-1031
Website: pvamu.edu/faid