

Merit-Quality-Excellence

APPLICATION FOR CREDIT TRANSFER

SEMESTER: ______ SESSION: _____

A. PERSONAL BIODATA

Name:	Registration No:	
Programme:	Department:	
Semester/Year of Study:	CGPA:	

B. REASON(S) FOR TRANSFER

□ Re-admission

□ Change of Programme -New Programme :_____

-Previous Programme :

C. COURSE APPLIED FOR TRANSFER

No.	Course Code	Course Title	Credit Hours	Grade

Student's Signature: _____ Date: _____ Note: Please attach your transcript which indicate the course(s) to be transferred

D. UNIVERSITY APPROVAL

No.	Course Code	Credit Hours	Equivalent Course Code	Major/Minor/Equivalent/University Requirement

Approved by: _____ Date: _____

E. FOR COORDINATOR MS/PHD (MGT) OFFICE USE

- □ Approved
- □ Rejected
- □ Update Status

Signature and Stamp: _____ Date: _____

Name: