



APPLICATION FOR CREDIT TRANSFER

Trimester: First Trimester/Second Trimester/Third Trimester

Session: 20_____/ 20_____

A. APPLICANT'S GENERAL INFORMATION

Name:	Matric No:
Programme:	Centre:
Semester/Year of Study:	CGPA:

B. REASON(S) FOR TRANSFER

Readmission 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 result slip(s)/partial transcript which indicate the course(s) to be transferred.

D. POSTGRADUATE STUDIES UNIT UUM COB APPROVAL

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

Approved by: _____

Date: _____

Signature & Stamp: _____

E. FOR OFFICE USE ONLY

Update Status

Signature & Stamp: _____

Date: _____

Name : _____