Credit Transfer Form

STUDENT DETAILS			
First Name:			
Last Name:			
Date of Birth:		**Student ID**	

Course that Student required Credit Transfer (CT)	
Course 1	
Course 2	
Course 3	
Course 4	

Previous Qualifications that the student Hold (If any)
Student should provide Record of Result and or Statement of attainment of all the relevant previous study that they have been undertaken. All the academic documents should be sighted original or verified with the issuing institution before processing CT)

Course details after processing CT					
Course Name	**No of CT units**	**No of Units required**	**Academic Duration**	**Tuition Fee**	**Approval**

Processing Officer Details		
Remarks		
Name		
Signature		**Date**