

# 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	