

Transfer Credit Request Form

Last Name		First Name		
Reg. No		Passport No		
Major				
Place a √ where ap	propriate			
Bachelor	Higher Diploma	Diploma	Certifico	ite
Place a √ where appropriate				
Fall	Spring	SummerYear		
Note: To receive credit evaluation students should present certified evidence of the accreditation status of the original institution together with official diplomas and transcripts in the original language, course descriptions and certified English translations.				
Student Certification: I certify that all information provided in this application and supporting documents for credit transfer are accurate.				
Student Signature		Date		
FOR OFFICIAL USE ONLY				
Fees Paid at the Acc	ounts Department		Yes	No
Name / Signature			Date	
Approved by the Registrar			Yes	_ No
Name / Signature			Date	