

Credit Transfer Form



1. Name : _____

2. ID : _____ Trimester: _____

Courses done at:	Marks/ Grades	Credits Earned	Corresponding Courses at UIU

Official Use:

Courses Transferred:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Date & Signature of the Department Head:

Applicant's Signature

Date: _____

Contact No: