

# Credit Transfer Form



1. Name : \_\_\_\_\_

2. ID No. : \_\_\_\_\_ Trimester / Semester: \_\_\_\_\_

| Courses done at: | Marks/<br>Grades | Credits<br>Earned | Corresponding Courses at UIU |
|------------------|------------------|-------------------|------------------------------|
|                  |                  |                   |                              |
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|                  |                  |                   |                              |
|                  |                  |                   |                              |
|                  |                  |                   |                              |
|                  |                  |                   |                              |

**Official Use:**

**Courses Transferred:**

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

Date & Signature of the Department Head:

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

Contact No: \_\_\_\_\_

\_\_\_\_\_