University of Management and Technology

External Credit Transfer Form

I.D. No.: _______ Date: ___________

Last Name/Surname: ________________________ First Name: ________________________ Middle Name: ________________________

Program: ________________________ Semester: Spring □/Summer □/Fall □

Total Credit Hours completed: ___________ CGPA: ________________________

Email: __________________________ Cell No.: __________________________

Course(s) applied for transfer:

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Quarter/Trimester</th>
<th>Cr. Hrs.</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Cr. Hrs.</th>
<th>Yes / No</th>
</tr>
</thead>
</table>

Student’s Signature: __________________________

(For Office use only)

Dean: __________________________ Office of the Registrar: __________________________

No. of Courses approved for transfer: ___________ Registered: □ Yes □ No

No. of Credit Hours transferred (allowed): ___________

Signature: __________________________ Date: ___________

Office of Controller of Examinations: __________________________

Grade Displayed: □ Yes □ No

Signature: __________________________ Date: ___________

Guidelines for Credit Transfer:

➢ The Credit Transfer Policy applies to those participants who have not completed any degree program from any HEC recognized University/DAI;

➢ Concern Dean shall ensure that the applicant(s) has completed same level course(s) with a letter grade of ‘C+’ or ‘60%’ marks and above in Bachelors and ‘B’ and above in Masters from HEC recognized University/DAI for which credit transfer is being sought. The request for credit transfer shall be approved by the Dean on the recommendation of the concerned Chairperson.

➢ Credit transferred shall be counted towards the completion of degree requirements. The word ‘Transferred’ shall be written on the Final Transcript in such case(s).

➢ No fee is charged for credits transferred.

➢ The accumulative credits accepted for transfer in any program should not exceed 50% of the total credits required to complete a Bachelors program and one-third of the total credits required to complete a Masters program.

University of Management and Technology

Acknowledgement Receipt: Credit Transfer Form

Semester: Spring □/Summer □/Fall □ Date: ___________

Participant Name: __________________________ I.D. No. __________________________

Name of Advisor: __________________________ Log Serial No. __________________________

Signature of Advisor: __________________________