

UNIVERSITY OF MANAGEMENT AND TECHNOLOGY SIALKOT CAMPUS

External Credit Transfer Form

ID No:				Date:	D D	Μ	Μ	Υ	Υ	Υ	Y
Last Name/Surname:	First Name:	Middle Name:									
Program:		Semester: Spring 🗆 / Summer 🗆 / Fall 🗖 📃 📃									
Total Credit Hours comple	CGPA:										
Email:		Contact No:									

Course(s) applied for transfer:

Courses taken at other University			Equivalent Courses at UMT						
Course Title	Semester	Cr Hrs	Course Code	Course Title Cr Hrs		Credit Given			
						🗆 Yes / 🗆 No			
						🗆 Yes / 🗆 No			
						🗆 Yes / 🗆 No			
						🗆 Yes / 🗆 No			
						🗆 Yes / 🗆 No			

Student's Signature:

(For Office Use Only)							
COD/Area Coordinator	Office of	the Re	gistrar	Office of Controller Examinations			
No of courses(s) approved for transfer:	Registered:	□ Yes	□ No	Grades Displayed:	□ Yes	□ Yes	
Signature:	Signature:			Signature:			
Date:	Date:			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 COD/Area Coordinator shall ensure that the applicant(s) has completed same level course(s) for with a 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 concerned COD/ Area Coordinator.
- 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 credit transferred.
- > The accumulative credit 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 credit required to complete a Master programs.

UNIVERSITY OF MANAGEMENT AND TECHNOLOGY - SIALKOT CAMPUS Acknowledgement Receipt: External Credit Transfer Form

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Semester: Spring 🗆 / Summer 🗆 / Fall 🗆	Date:
Participant's Name:	 ID No:
Name of Advisor:	 Signature of Advisor: