

University of Management and Technology

External Credit Transfer Form

I.D). No.:					Date:			
La	Last Name/Surname: First Name:					Middle Name:			
Pr	ogram:			Semester:		Spring 🖵/Summer 🖵/Fall 🗖			
Тс	tal Credit	Hours c	ompleted:		CGPA	:			
En	nail:				Cell N	0.:			
Co	ourse(s)	applied	l for transfer	•					
	Courses taken at the other University					Equivalent courses at UMT			
	Course	Title	Semester, Quarter/ Trimester	Cr. Hr	s. Course Code	Course Title	Cr. Hrs.	Given Yes / No	
						gnature:			
D	(For Office use only) Dean Office of the Registrar								
N	No. of Course(s) approved for transfer : No. of Credit Hours transferred (allowed): Signature: Date:					Registered: Yes No Signature:			
		Contro	ller of Examin	nations		Date:			
	rade Dis								
S	ignature:			_ Date:					
Gu	idelines for	Credit Tr	ansfer:						
*			fer Policy applies rsity/DAI;	to those par	rticipants who ha	ve not completed any degree	program from	any HEC	
>	marks a	nd above is being s	in Bachelors and sought. The reque	d 'B' and ab	ove in Masters fr	ame level course(s) with a lett om HEC recognized Universi approved by the Dean on the	ty/DAI for wh	ich credit	
>			d shall be counted al Transcript in s		e completion of c	legree requirements. The wor	rd 'Transferred	l' shall be	
>		-	for credits transfe						
>	complete	e a Bache	lors program and	one-third of	the total credits r	ould not exceed 50% of the to equired to complete a Masters	s program.		
				University	of Management a	nd Technology dit Transfer Form			
	mester:		□/Summer □/	Date:	Date:				
Na	rticipant N Ime of Adv gnature of	visor:				I.D. No. Log Serial No.			