# University of Management and Technology

## Internal Credit Transfer Form

1. Enrolment No. **(Old)** ⬜⬜⬜⬜⬜⬜⬜⬜⬜  **(New)** ⬜⬜⬜⬜⬜⬜⬜⬜⬜

Last Name/Surname: _____ First Name: _____ Middle Name: _____

Email: _____ Cell No.: _____

Program: _____ Semester: Spring ⬜ Summer ⬜ Fall ⬜ ⬜⬜⬜⬜

Total Credit Hours completed: _____ CGPA _____

## 5. Credit transfer given for (only for **courses successfully completed at previous Enrolment Number**)

| Courses taken in previous program | | | Courses proposed in present program | | | Credit Given |
| --- | --- | --- | --- | --- | --- | --- |
| Course Title | Semester/ Quarter/ Trimester | Cr. Hrs. | Course Code | Course Title | Cr. Hrs. | Yes / No |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Student's Signature**: [_____]  **Chairman's Signature:** [_____]

**Advisor name & signature with stamp:** [_____]

*(For Office use only)*

| **Recommended by COD:** | **Approved by:** |
| --- | --- |
| No. of Course(s) approved for transfer :_____ <br> No. of Credit Hours transferred (allowed):_____ <br><br> Signature: _____ <br> Date:_____ | **Dean/Director**: <br> ⬜ Yes      ❑ No <br><br> Signature: _____ <br> Date: _____ |
| **Office of Controller of Examinations** <br><br> **Grade Displayed** ⬜ ❑ <br>  Yes  No <br><br> Signature: _____ Date: _____ | ORG |

### Guidelines for Credit Transfer:

➤ The Credit Transfer Policy applies to those participants who have not completed any degree program at UMT.

➤ Concerned COD shall ensure that the applicant(s) has completed same level course(s) for which credit transfer is being given. 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. No fee is charged for credits transferred.