# 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:**

| Courses taken at the other University | | | Equivalent courses at UMT | | | Credits Given |
| --- | --- | --- | --- | --- | --- | --- |
| Course Title | Semester/ Quarter/ Trimester | Cr. Hrs. | Course Code | Course Title | Cr. Hrs. | Yes / No |
| | | | | | | |
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| | | | | | | |

Student's Signature:

Advisor name & signature with stamp: _____

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*(For Office use only)*

**Recommended by COD:**

No. of Course(s) approved for transfer :_____

No. of Credit Hours transferred (allowed):_____

Signature: _____ Date:_____

**Approved by the Dean/Director:**

**Dean/Director**: ❑    ❑
            Yes    No

Signature: _____Date: _____

**Office of Controller of Examinations**

**Grade Displayed** ❑    ❑
              Yes    No

Signature: _____ Date: _____

**Office of the Registrar**

Registered: ❑    ❑
            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 COD shall ensure that the applicant(s) has completed same level course(s) with a letter grade of 'C+'in semester system or '60%' in annual system in Undergraduate and 'B' and above in Masters/Graduate 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.

➢ External Credits transferred will not be counted towards the CGPA of the degree. 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 Undergraduate program and one-third of the total credits required to complete a Graduate program.

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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: _____