

Request for Course Transfer for New Students

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De	ar _											
I (Mr. / Mrs. / Miss)						Student Code						
a s	tudent	of School				_ Institut	e of_					
wis	h to tr	ansfer the courses alre	ady s	tudie	d at				(Institution's	name	e)	
Dep	oartme	ent				_Field /M	ajor_				_	
Lev	els [] Diploma 🔲 Bachelor	\square M	laster	. D	octoral [] Oth	ers (S	pecify)		_	
	Gradu	ated 🗌 Disqualified R	easor	าร				-	_in(Year) GPAX_			
	C	ourse/s to be transfe	erred	No		Course	e/s I	No. of	f Credits as f	ollow	is	
		For Students				For University						
		Course/s to be transferred				Decision Made SUT equivalent to course/s			SUT equivalent to course/s			
Serial No.	Code	Course Title	Credits	Results	Transfered Credits	Compared and Transferred	Not approved	Code	Course Title	Credits	Results	
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	Tr	ranscript and descriptio Signature_ Date_							Person requesting			
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Chair of School						Institute Committee's Resolution (For Graduate Students Only)						
School has fully considered the request				N	Meeting No/Date							
						Approved as requested						
						Not approved because						
Signature					-	Signature						
()						()						
Date						Date						

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