



ALBUKHARY INTERNATIONAL UNIVERSITY

Centre for Graduate Studies (CGS)
Albukhary International
University

TRANSFER OF CREDITS**Instruction to students:**

1. Students may apply for credit transfer from courses that has been taken from other Institute Higher Learning (IHL).
2. Credit transfer is allowed between the same study level (horizontal) for active student only.
3. The application for credit transfer can only be made during the first semester.
4. The minimum grade that can be considered for credit transfer is B or equivalent.
5. Application for credit transfer of any course must have at least 80% equivalent or similar in content with the related course at the University.
6. The credit transfer application form must be submitted to the School and CGS within fourteen (14) days of the official registration date.

SECTION I (To be filled by student in CAPITAL LETTERS)

Name:																									
I.C No/Passport No.:													Faculty Code												
Student ID No.:																									
Programme Code:					Semester:			Gender	<i>Male</i>	<input type="checkbox"/>	<i>Female</i>	<input type="checkbox"/>													
Level of Study:	<i>Master</i>	<input type="checkbox"/>	<i>PhD</i>	<input type="checkbox"/>	Mode of Study	<i>Full Time</i>	<input type="checkbox"/>	<i>Part Time</i>	<input type="checkbox"/>																
Mailing Address																									
Tel.No.:											Mobile Phone No.:														
E-mail:																									
Scholarship / Funding (if any):																								

SECTION II (To be filled by student)**Courses to apply at School****Courses to transfer Credit (Please provide the courses information)**

Course Code	Course Name	Credit Hour	Master / PhD	Course Code	Course Name	Credit Hour

SECTION III (Student is required to get endorsement from the following departments)

A. APPLICANT	B. SCHOOL	C. REMARKS
<p>I have reviewed my information and acknowledge all the information given is true.</p>	<p>COMPLY <input style="margin-left: 10px;" type="checkbox"/></p> <p>NOT COMPLY <input style="margin-left: 10px;" type="checkbox"/></p> <p style="text-align: center; margin-top: 20px;">..... Signature</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>..... Name and Official Stamp Date</p>	<p>..... Name and Official Stamp Date</p>	

Section IV (Results of application is subjected to CGS approval)

For office use only

CGS Result APPROVED

NOT APPROVED

Signature of Head of CGS

Name and Official Stamp

Date