



Credit Transfer Form

Date: _____

Student Name: _____ Reg. No _____

Field/Area of Research: _____

Previous Institute: _____ Previous Degree: _____

No. of Courses Passed: _____ Passing Semester: _____

Previous Courses Completed				SBBU Equivalence			Outline Matched (Yes/No)
Course Code	Course Title	Credit Hours	Grade	Course Code	Course Title	Credit Hours	

MS/MPhil Coordinator/HOD

Dean

Admissions Office

Vice Chancellor

Distribution

- Student Registration File
- Program Coordinator/HoD
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