

CREDIT TRANSFER FORM: ASSESSMENT OF THE COMMITTEE

Name of the Student:			Program:			
ID#			Cell #			
Name of the fo	rmer University:					
Data relating to credit transfer sought			Equivalent courses at ULAB			Remarks
Course Code	Course title	Credit Marks/ Grade Earned	Course Code	Course title	Credit	(Recommended/ Not Recommended)
				Total		
Recommended by:				Endorsed by:		
				Respective HoD:		
Member Secretary Respective Progra		ogram Coordinator	Chair	Registrar:		