Request for Undergraduate Credit Transfer

Students requesting a credit transfer from other Universities or Institutions must fill in an official request and obtain approval from the MIUC Academic Department.

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| Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Phone or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous Institution / University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City / Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the previous University / Institution on a semester, trimester or quarter system?  Circle one: Trimester Quarter Semester  Term(s) of study (circle all that apply): Fall Spring Summer Year:\_\_\_\_  Previous Study Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* Please enclose to this form the official Transcripts of Grades from your previous University / Institution.  Submit the completed form to: Registrar’s Office |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Module Mapping for Credit Transfer**

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| **For official use only:** | | | **To be filled in by the student:** | | |
| Equivalent MIUC Module | Approval Decision (Mandatory) | Comments | Module Title | Number of Credit(s) OR  Credit Hours | Description of the Module |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | Yes |  |  | |  | | | | No |  |  | |  |  |  |  |