



UTM.E/3.8
(Amendment 1/08)

Application for (please tick ✓ the appropriate box): Credit Transfer (CT) ☐ Exemption (CE) ☐

[illegible]

Session/Semester :

--	--	--	--	--	--	--	--

 Year/Programme:

--	--	--	--

Total Credit Transfer (CT) / Credit Exemption (CE):

Previous Semester :

--	--	--

 Current Semester:

--	--	--

Name of Previous Institution : _____

Name of the program : _____ Year of study ; _____

Courses taken in previous institution (Please provide information accordingly)

[illegible]

Student's Signature _____

Date: ____/____/____.

SECTION B: FOR FACULTY OFFICE USE

Total Credits: Approved		
-------------------------	--	--

(Dean/Head of Department/ Faculty's Representative)

Date: / /

Reasons for credit transfer/credit exemption approval:
