جامعة السلطان الشريف علي الإسلامية
UNIVERSITI ISLAM SULTAN SHARIF ALI
SULTAN SHARIF ALI ISLAMIC UNIVERSITY

UNIVERSITI ISLAM SULTAN SHARIF ALI
Credit Transfer Application Form

Applicant's name : _____

Date of birth : _____

Nationality : _____   **I.C. No. & Colour** : _____

The transferred-from and the transferred-to university, faculty and programme:

	Original Programme	**New Programme**
University		Universiti Islam Sultan Sharif Ali (UNISSA)
Faculty		
Programme		

If in UNISSA, you are: ☐ on a government scholarship
☐ Fee-paying

Date of enrolment in <u>original</u> programme: _____

Your current registration status:
☐ Already completed the original programme successfully
☐ Still studying
☐ Failed the programme
☐ Not failed but in a "Conditional Pass" registration status

Course(s) you wish to be considered for credit transfer (*Attach extra papers if required*):

No.	Course Name	Year Taken	Credit Hours	Contact Hours Per Week
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				