



### APPLICATION FOR RECOGNITION / EXEMPTION OF COURSES

**Kindly refer to Academic Regulations AC2 and Fees, F.3.2 of the Yearbook 2018, Part 1, General Information and Regulations**

STUDENT NUMBER: ..... STUDENT INITIALS & SURNAME: ..... QUALIFICATION: .....

EMAIL ADDRESS: ..... TELEPHONE NUMBER: .....

Course(s) to be recognized / credited <i>(Offered by NUST)</i>	Name(s) of course(s) you have passed previously / at another institution <i>(Attach Syllabi AND Academic Record)</i>	Date Passed	Name of Institution	Percentage /Grade Obtained	Lecturer		
					Recommended Yes/No	Name & Surname	Signature

DOCUMENTS ATTACHED CHECKLIST: PLEASE CROSS (x) ORIGINAL ACADEMIC RECORD / TRANSCRIPT  SYLLABI

STUDENT SIGNATURE: ..... DATE: .....

<b>For office use only:</b>				
Head of Department	Recommended	Not Recommended	Signature	Remarks:
Dean	Approved	Not Approved	Signature	Remarks:
Faculty Officer	Credit Recorded	Yes	No	Signature: Remarks: