



## APPLICATION FOR CREDIT OF COURSES

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

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

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

Course(s) to be recognized / credited (Offered by NUST)	Name(s) of course(s) you have passed previously / at another institution (Attach Syllabi AND Academic Record)	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:.....

For office use only:

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