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| **APPLICATION FORM FOR TRANSFER OF CREDIT BETWEEN INSTITUTIONS (INBOUND)** |
| **Attention:** |
| 1. Form must be completed.
2. Please attach a copy of the examination result slip was occupied by the University before joining the program when applying.
3. The completed form must be submitted to the International Division, Universiti Putra Malaysia with Mobility Program Application Form through the Dean of the International Centre of Origin and the Dean of the University of Universiti Putra Malaysia.
 |
| **Top of Form****PART A: APPLICANT INFORMATION** *(to be completed by student)* |
| Name | : |  |
| Passport No. | : |  | Email Address | : |  |
| University Program Origin | : |  | Date of Birth | : |  |
| UPM Program | : |  | Place of birth | : |  |
| Period in UPM | : |  | to |  | Citizen | : |  |
| Origin Country | : |  | Religion | : |  |
| Name of the University of Origin: | : |  |
|  |  |  |  |  |  |
| **PART B: COURSE INFORMATION FOR TRANSFER OF CREDIT** *(to be completed by student)* |
| Fill in the course of the University Putra Malaysia to be taken in the space provided. |
| **No.** | **Course Code** | **Course Name** | **Credit** |
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| **PART C: ACADEMIC ADVISOR INFORMATION***(to be completed by the Dean of the respective universities)* |
|  |
| Name of the University of origin: |  | **UNIVERSITI PUTRA MALAYSIA** |
|  |  |  |  |  |  |  |
| Name | : |  |  | Name | : |  |
| Position | : |  |  | Position | : |  |
| Email Address | : |  |  | Email Address | : |  |
|  |  |  |  |  |  |  |
|  |
| **PART D: TO BE COMPLETED BY FACULTY DEAN OF UNIVERSITY PROGRAM** |
|  |
| I hereby support / not support the application for credit transfer to a program of study for students to meet program requirements. | I hereby agree to offer the course requested by the candidate for transfer credit to students' study programs. |
| Name of the University of origin: | **UNIVERSITI PUTRA MALAYSIA** |
| Dean's signature and stamp: | Dean's signature and stamp: |
| Date : | Date : |
|  |
| **PART E: RESULTS OF EQUALITY OF ACADEMIC ASSESSMENT COMMITTEE MEETING***(To be completed by the Academic Division)* |
|  |
| Meeting Results: | APPROVED |  |  | Date of Meeting : |  |
|  | REJECTED |  |  | Meeting Minutes : |  |
|  |
| **SECTION F: LIST OF BANK OF COURSES** *(To be completed by the Academic Division)* |
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| \* Please enclose a registration slip that was registered in the Bank Course |
| **Checked by** | **Approved By** |
|  |  |  |  |  |  |
| Signature | : | ……………………………………………… | Signature | : | ……………………………………………… |
| Name | : |  | Name | : |  |
| Date | : |  | Date | : |  |
|  |  |  |  |  |  |