



FORM ACA/REG/: CREDIT TRANSFER

Date: **Mobile Number:**

Name of Student: **Admission No:**

Year of Study: **Semester:**

School/Department:

Programme: **Specialization:**

Please sign against the course(s) for which you are requesting Credit Transfer/Exemption(s).

Attach a copy of signed Transcript(s)/Grade slips.

S/ N	Unit Code	Other Institution Unit Title	Grade	Unit Code	Riara Unit Title	Grade	Credit Hours	Student's Signature
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

S/ N	Unit Code	Other Institution Unit Title	Grade	Unit Code	Riara Unit Title	Grade	Credit Hours	Student's Signature
11.								
12.								
13.								

FOR OFFICIAL USE ONLY

SCHOOL/DEPARTMENT:

Total approved credit hours:

Credits not approved:

	Unit Code	Unit Title
1.		
2.		
3.		
4.		
5.		

Name

HOD/DEAN

Sign:

Date:

Name

REGISTRAR

Sign:

Date: