  
**Transfer Request Form**

Student Name: ……………………………………………….………................…. ID No. …………………….… Faculty: …………….…………........... Department: …….........................………….

Date: ………………………. Academic Year: …………..…… Semester: ……..……… Program: Day [ ] Evening [ ] In-service [ ] Telephone Number: ……………….…………………

**You must attach the official original transcript and official course description from your former University**

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| **#** | **Former University- Name:** | | | | **Comparative Course at AUCA** | | |  |
|  | **Course Code** | **Course Name** | **Credits** | **Marks** | **Course Code** | **Course Name** | **Credits** | **Faculty Observation** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| **TOTAL CREDITS** | | |  |  |  |  |  |  |

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| --- | --- |
| Faculty Office: ………………………………….……………….………………….....……  Registrar’s Office: ………………………………….……………….………………………  Student Signature: ……………………………….……….……….…………..………….. | **Note:**   * For courses to be accepted for transfer a student must have attained more than 12 points. * Credits cannot be more than four years old, starting from the last year of enrollment. * Apart from general courses, credit transfer shall not exceed 50% of core courses. Specialization or major (concentration) courses are not transferable. * The grades transferred are not included in the calculation of the mean. * Transferrable credits shall be written on his/her transcripts on completion of his/her studies at AUCA. |

  
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| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |
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