Credit Transfer Form

CBM	
THE COLLEGE OF BUSINESS MANAGEMEN	т
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STUDENT DETAILS								
First Name:								
Last Name:								
Date of Birth:			Student ID)				
Course that Student required Credit Transfer (CT)								
Course 1								
Course 2								
Course 3								
Course 4								
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Previous Qualifications that the student Hold (If any)								
Student should provide Record of Result and or Statement of attainment of all the relevant previous study that they have been undertaken. All the academic documents should be sighted original or verified with the issuing institution before processing CT)								
Course details after	processing CT				T	I		
C	ourse Name	No of CT units	No of Units required	Academic Duration	Tuition Fee	Approval		
Processing Officer Details								
Remarks								
Name								
Signature			Date					