



Riphaah International University, Islamabad (Lahore Campus)

Application for Course Transfer

With Transfer of Credits

Name:

Father's Name:

Program:

Contact No.

Address:

Name & Address of the University (from where TOC is to be sought):

To be filled in by the Applicant				To be filled in by the Committee Representative		
Course Completed at previous University				Comparable Courses at Riphaah for which transfer of credits it being applied.		
Course Code	Course Title	Grade	SCH	Course	Course Title	SCH

For more courses, use another copy of the form

Dated: _____ Applicant's Signature _____

Recommendation of the committee:

Total Semester credit hours acceptable at the RIPHAH: _____

Dated: _____ HOD: _____ Director: _____

Approval of the Dean:

Dated: _____ Dean: _____

Counter-Signed by the Vice Chancellor:

Dated: _____ Vice Chancellor: _____