

**FORM ACA/REG/: CREDIT TRANSFER/UNIT EXEMPTION FORM**

**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 Transcript(s)/Grade slips.*

|    | Unit Code | Unit Title |
|----|-----------|------------|
| 1. |           |            |
| 2. |           |            |
| 3. |           |            |
| 4. |           |            |
| 5. |           |            |
| 6. |           |            |
| 7. |           |            |
| 8  |           |            |
| 9  |           |            |
| 10 |           |            |

**FOR OFFICIAL USE ONLY**

**SCHOOL/DEPARTMENT**

**Total approved credit hours:** \_\_\_\_\_

**Credits not approved:**

|  | Unit Code | Unit Title |
|--|-----------|------------|
|  |           |            |
|  |           |            |
|  |           |            |

**Name:** ..... **Sign:** ..... **Date:** .....

Dean/HOD



Effected by: .....

Sign: .....

Date: .....

Registrar