

**Instruction to students:**

1. Students may apply for credit transfer from courses that has been taken from UiTM or other Institute Higher Learning (IHL).
2. Credit transfer is allowed between the same study level (horizontal) for active student only.
3. The application for credit transfer can only be made during the first semester.
4. The minimum grade that can be considered for credit transfer is B or equivalent.
5. Application for credit transfer of any course must have at least 80% equivalent or similar in content with the related course at the University.
6. The credit transfer application form must be submitted to the College / Faculty / Academic Centre / UiTM Branch Campus postgraduate office within fourteen (14) days of the official registration date.

SECTION I (To be filled by student in CAPITAL LETTERS)

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Level of Study:	<i>Master</i> <input type="checkbox"/>	<i>PhD</i> <input type="checkbox"/>	Mode of Study	<i>Full Time</i> <input type="checkbox"/>	<i>Part Time</i> <input type="checkbox"/>	<i>FLP</i> <input type="checkbox"/>																																																								
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Scholarship / Funding (if any):																																																														

SECTION II (To be filled by student)**Courses to apply at faculty****Courses to transfer Credit (Please provide the courses information)**

Course Code	Course Name	Credit Hour	Master / PhD	Course Code	Course Name	Credit Hour

SECTION III (Student is required to get endorsement from the following departments)

A. APPLICANT	B. FACULTY	C. REMARKS
<p>I have reviewed my information and acknowledge all the information given is true.</p>	<p>Verified by KPPS</p> <p>COMPLY <input style="margin-left: 100px;" type="checkbox"/></p> <p>NOT COMPLY <input style="margin-left: 100px;" type="checkbox"/></p> <p style="text-align: center;">..... Signature</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>..... Name and Official Stamp Date</p>	<p>..... Name and Official Stamp Date</p>	

Section IV (Results of application is subjected to JKAPS' approval)

For office use only

JKAPS' Result APPROVED

NOT APPROVED

Signature of JKAPS Chair

Name and Official Stamp

Date