



**QARSHI UNIVERSITY
CREDIT HRS TRANSFER FORM**

Annexure – 10

Name: _____ Registration No. _____

Department: _____ Program: _____ E-mail: _____

Contact No.: _____

Semester: Fall / Spring / Summer

Name of the institution from where course / s completed: _____

Course / s Applied For Transfer:			Equivalent Course / s at QU		
Sr. No.	Course Title	Cr. Hrs.	Course Code	Course Title	Cr. Hrs.

Date: _____ Signature _____

For Office Use
Chairperson Office:

Course No.	(Allowed / Not allowed)

Name / Designation: _____ Signature: _____ Date: _____

Dean Office:
Approved

Yes No

Name / Designation: _____ Signature: _____ Date: _____

Registrar Office:

Name / Designation: _____ Signature: _____ Date: _____

Acknowledgement Receipt

Credit Transfer Form

Student Name: _____ Registration No. _____

Semester: Fall / Spring / Summer

Recipient Name / Designation: _____ Recipient Signature: _____