

Transfer of Courses Request Form

Name : Student ID : QID : Major : Semester :

Name of the previous academic institution: Degree Type (On-Campus/Online): Contact :

	Details of the requested course for transfer				Details of the College Course/s			
	Course Code	Course Name	Cr. Hrs.	Grade	Equated/Articulated Not Equated	Name of the equivalent course And Course Number	Cr. Hrs.	Authorized Name & Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
						Total equated credit hours		

Department Name which the requested courses belong to:

Reviewed by (Name of the advisor officer): Signature: Date:

Name of Head of Advising Department: Signature: Date:

Name of Department Chair: Signature: Date:

Name Of Division Dean (if required) Signature: Date:

<input type="checkbox"/> Done	<input type="checkbox"/> Not Done , Reason
Staff Name and Signature	
Entry Date	