CREDIT TRANSFER FORW



Student Data									
FULL NAME:									
ID:		COLLEGE: DEP				/MAJOR	MAJOR:		
Semester/Term:	Fall	Winter	Spring	Spring Summer A B C			CAMPUS: Abu Dhabi	Al Ain 🔲	
HOME NUMBER:		MOBILE NUM		BER:			E-MAIL:		
Credit Courses Eligible (or Transfer							-3-4-4	
. Course Name		University		Course Number	Grade	Credit Hours	ADU Equivalent Course	Credit Hours	
								_	
							TOTAL TRANSFER CREDIT	COURSES	
Comments						ALL AND			
Authorization						300			
Student's Signature:							Date:		
Academic Advisor's Signature:							Date:		
Dean's Approval							Date:		
			FOR DEAN	'S OFFICE U	SE ONL	γ			
No. Credit	s accepted								
Additional	materials re	quested:							
Original signed for	m and transc	ript must be sei	nt to Registrat	ion office					
Dean's Approval:							Date:		
Registrar's Office Autho	rization								
Received by:							Date:		
Registration Operator:							Date:	y = M	