

REQUEST FOR TRANSFER OF CREDITS

(FOR UNDERGRADUATE & POSTGRADUATE COURSES IN TERMS OF UG & PG REGULATIONS AS APPLICABLE)

To be submitted to Home Faculty/Institute/Centre/School.

Student Details

Full Name: _____
Last First Student I.D / I.D Card No

Course and Year of Intake: _____

Date: _____ Signature: _____

Details of Request

I would like to request to transfer the following study-unit/s which was/were obtained during my previous course at:

University of Malta Other (indicate institution) : _____
 (In case of study-units obtained outside UM please attach a transcript)

| Study-Unit Code to Consider for Transfer | Equivalent UM Study-Unit Code | For Office Use Only Tick if Approved |
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For Office Use ONLY

Transfer of Credits Approved Rejected as per the above By Faculty Board on the recommendation of the Board of Studies Date: _____

Comments: _____
