



-TRANSFER COURSES FORM-

SEMESTER: _____

TRANSFER TO: GAU/SEU

NAME: _____

STUDENT NO: _____

TRANSFERRED FROM (Name of the Institution) :

I recommend the acceptance of the following courses:

Transferred Course Code	Grade	GAU/SEU Course Code
1- _____	_____	_____
2- _____	_____	_____
3- _____	_____	_____
4- _____	_____	_____
5- _____	_____	_____
6- _____	_____	_____
7- _____	_____	_____
8- _____	_____	_____
9- _____	_____	_____
10- _____	_____	_____
11- _____	_____	_____
12- _____	_____	_____
13- _____	_____	_____
14- _____	_____	_____
15- _____	_____	_____
16- _____	_____	_____
17- _____	_____	_____
18- _____	_____	_____
19- _____	_____	_____
20- _____	_____	_____

Head of Department: _____ **Sign:** _____ **Date:** _____

Dean of Faculty: _____ **Sign:** _____ **Date:** _____

Accepted and Confirmed;

Registrar: _____ **Sign:** _____ **Date:** _____

Recorded: _____ **Registrar's Office:** _____ **Date:** _____