SUPERIOR UNIVERSITY, LAHORE

FORM-SU/03

CREDIT TRANFER FORM

(To be submitted to Registrar's Office)

Student ID		Application Date			
			Date	Month	Year
First Name		Middle Name		Last Name	
Email			Cell No		
Previous University		Total Credit Hours Completed		CGPA	
Courses to be transferred			Semester	Fall ☐ Spring ☐	2 0

Courses taken at the other University				Equivalent courses at SU			Credit Given	
Course Title	Semester	Cr. Hrs.	Grade	Course Code	Course Title	Cr. Hrs.	Yes	No

Signature of Applicant: _____

For Office Use Only:

Don't write below this line

Chairperson of the concerned Department

Program	BS: ☐	MS: ☐	Department Code		Batch		Session	2 0

Credit Hours recommended for transfer(s): _____   Signature & Date: _____

Office of the Dean / Program Manager

Credit Transfer(s) Approved	Yes: ☐ No: ☐	Signature & Date: _____

Office of the Registrar

Admitted and Entered:	Yes ☐ No ☐	Log Serial No.		Signature & Date: _____

Superior University   **Credit Transfer Form**   **Acknowledgement Receipt**

Student ID		Date: yy/mm/dd	/	/
Student Name		Semester Admitted In	_____ 2 0	
Name of Batch Advisor:		Log Serial No.		
Signature of Batch Advisor with Date:				

Please collect the acknowledgement receipt from Registrar Office after completion of process and keep it for your record.