

[University Name]

Dean's Office – Credit Transfer Request

GRADE TRANSFER REQUEST FORM

Student Information

Full Name: _____

Student ID Number: _____

Faculty / Program: _____

Previous Institution: _____

Country: _____

List of Courses to be Transferred

| No. | Course Title (Other University) | ECTS | Final Grade | Equivalent Course (Our University) |

|----|-----|----|-----|-----|

| 1 | | | |

| 2 | | | |

| 3 | | | |

Supporting Documents Attached:

☐ Official Transcript

☐ Course Syllabi / Descriptions

☐ Grading Scale

Date: _____

Signature: _____

Dean's Office Use Only

☐ Transfer Approved

☐ Transfer Denied

Comments: _____

Dean's Office Representative: _____

Date: _____ Signature/Stamp: _____