PUP-AACS-5-UNRO-009 Rev. 1 June 19, 2019

REQUIREMENTS:

1. Application for Accreditation of Subject/s Form

Sta. Mesa, Manila

3. TOR with remarks "Copy for PUP" from the last school attended

Date

2. Curriculum Sheet used upon admission in PUP

4. Course Description

Maximum of 30 units is allowable for credit including mandatory subjects, 2 PEs & NSTP

PROCEDURE:

 Fill out this AAS Form properly and attached photocopy of TOR from the last School/University attended with remarks "COPY for PUP" together with the copy of Subject Description.

APPLICATION FOR ACCREDITATION OF SUBJECT FOR TRANSFEREES

- 2. Proceed to respective Department offering the subject you are requesting for accreditation and have it approved by the Chairperson.
- 3. Proceed to the Office of Admission Services, Ground Floor, West Wing for signature of the Chief of OAS.
- 4. Proceed to Records Evaluation and Authentication Section (REAS) of the Student Records Services, Office of the University Registrar (GF, South Wing) for checking/validation of the AAS Form.
- 5. Proceed to Window 14 of Office of the University Registrar, Ground Floor, South Wing for approval and signature of Assistant University Registrar.
- 6. Go to the Accounting Office-Student Services for assessment of the accredited subjects and to the Fund Management Office (FMO) for payment of P 12.00 per unit.
- 7. Proceed to OAS for submission of the original copy of required documents and for endorsement of the photocopy of the documents to the ICTO and tagging of the accredited subjects.

Dean,	College	of:								
Sir/Ma	adam:									
	May I,				,		, with			
May I,(Lname, Fname, M.I.) respectfully request for the transfer of credit of the subject						(Course/Year & Section)			(Student No.) as follows:	
respe	ctiuily 16	quest for the	tiansier of credit t	or trie subj	ecis i ic	JOK II OIII	(Name of College	/Unive	ersity)	
Former School:						PUP College of:				
SEM/SY	Code		Subject Title	Grade	Units	Code	Subject Title	Units	College Dean/Chairperson Approval (Signature over Printed Name)	
TOTAL NO. OF UNITS:							L NO. OF UNITS:			
Attached are my Transcript of Records with remarks "Copy for PUP" from and course description for your reference. (Name of College/University)										
Thank you very much.						Very truly yours,				
						Signature above printed name/Course				
Recommending Approval:			Approved by:			Assessed by:		Acknowledged by:		
Chief, Ad	dmissior	Office	Assistant Unive	rsity Regi	strar	Ac	counting Student Service	s	ICTO Staff	
Office o	of the Univ	ersity Registrar,	PUP A. Mabini Campus	, Anonas Str	eet, Sta. N	Mesa, Man	ila 1016	1		



Website: www.pup.edu.ph | Email: registraroffice@pup.edu.ph

Direct Line: 335-1752 | Trunk Line: 335-1787 or 335-1777 local 285 or 389