



APPLICATION FOR RECOGNITION / CREDIT OF COURSES

Please refer to Academic Regulations AC2 and Fees, F.3.2 of the Yearbook 2017, Part 1, General Information and Regulations

STUDENT NUMBER:STUDENT INITIALS & SURNAME:QUALIFICATION:

POSTAL ADDRESS: TELEPHONE NUMBER:

Course(s) to be Recognized / Credited (Offered by NUST)	Name(s) of Course(s) you have passed previously / at another Institution (Attach Syllabi AND Academic Record)	Date Passed	Name of Institution	Percentage /Grade Obtained	Lecturer		
					Recommended Yes/No	Name & Surname	Signature

DOCUMENTS ATTACHED CHECKLIST: PLEASE CROSS (x) ORIGINAL ACADEMIC RECORD / TRANSCRIPT SYLLABI

STUDENT SIGNATURE:.....

For office use only:

Head of Department	Recommended	Not Recommended	Signature	Remarks:
Registrar	Approved	Not Approved	Signature	Remarks:
Faculty Officer	Credit Recorded	Yes	No	Signature: Remarks: