

# BUGEMA UNIVERSITY



## TRANSFER OF CREDITS REQUEST FORM

REG NO: ..... DATE: .....

NAME: .....

Kindly request to transfer my credits from

.....  
(Indicate name of the Institution)

The Head Department of:.....

Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

Attached please find the copy of the Academic Transcript for your use in evaluating and choice of the credits to be transferred.

Approval .....  
Registrar

Stamp .....

NB: Please, submit an original copy of the assessment sheet/partial transcript from the issuing Institution in a sealed envelope.



**BUGEMA UNIVERSITY TRANSFER CREDIT REQUEST FORM**  
(Please print clearly)

UNIVERSITY/COLLEGE			BUGEMA EQUIVALENT		
COURSE NUMBER & TITLE	CREDITS	GRADE	COURSE NUMBER & TITLE	CREDITS	GRADE
		TOTAL CREDITS ( )		TOTAL CREDITS ( )	

Head of Department Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_