



Paper 2010/A/08/70F
UNIVERSITY OF TECHNOLOGY, JAMAICA
OFFICE OF THE REGISTRAR
APPLICATION FOR TRANSFER CREDIT
(For modules successfully completed at the tertiary level)

Submit this form to the College/Faculty Student Affairs Office

Please complete the form in TRIPLICATE, typing or printing all information in BLOCK LETTERS.

NAME: _____ ID No.: _____
 ADDRESS: _____ PHONE: _____
 FACULTY/COLLEGE: _____ SCHOOL/DEPT.: _____ DIVISION: _____
 ACADEMIC YEAR: _____ COURSE CODE: _____ EMAIL: _____

Modules Taken in Other Courses of Study			Equivalent Modules in Current UTech Course of Study			
Name	Code	Institution/ Year	Name	Code	Approved	Denied

DOCUMENTS ATTACHED: (Please tick the appropriate box)
 Syllabus ~ Module Outline/Description ~ Other, please specify: _____
 Student's Signature _____ Date _____
 Retain a copy for your own record

College/Faculty Official Stamp/Date Received

FOR OFFICE USE ONLY:

Date received _____ Documentation complete : Yes () No () Initials _____

Evaluator's (PD/SL/MC) Recommendation _____

Evaluator's Name: _____ Signature: _____ Date: _____
 HOS/D Name: _____ Signature: _____ Date: _____
 Asst. Registrar's Name: _____ Signature: _____ Date: _____