DEANSHIP of ENROLLMENT & REGISTRATION
Office of the Registrar

Autodate/time:_____
SN# _____

EVALUATION CREDIT TRANSFER FORM

Applicant Name		Academic Year	
Applicant ID		Admission Semester	
Major		College	
Previous Academic Institution(s):			

Courses Taken at Other Institution (s)				PMU Courses		
Course Code & No.	Course Title	Credit Hour	Grade	Course Code & No.	Course Title	Credit Hour

Received and Reviewed:

Chair/Designated Person's Name:	Date:
Signature:	

Received by registration officer:
Date:

Copies: Green - Registrar Office Copy
White - Instructor's Copy