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

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NAME:	ID No.:						
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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	
DOOLINENTO ATTAOLIED (Div.)	Califfra						
DOCUMENTS ATTACHED: (Please tick the appropriate box)							
Syllabus ~ Module Outline/Description ~ Other, please specify:							
Student's Signature Retain a copy for your own record			Date			-	
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FOR OFFICE USE ONLY:							
Date received		Docume	entation complete : Yes () No	() Initials		_	
Evaluator's (PD/SL/MC) Recommend	ation					<u> </u>	
Evaluator's Name: Signat			ıre:	Date:			
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Asst. Registrar's Name:			ıre:	Date:	_ Date:		