KOLEJ POLY-TECH MARA

CREDIT TRANSFER APPLICATION FORM

Received by :

Date :

INSTRUCTION:

1. Please fill out in this form **clearly** in permanent ink
2. Please enclose all supporting documentation (fill academic transcript (s) and course content) with this application. All documents must be certified by a recognized authority. This application will not be processed unless full documentation is attached.
3. Credit transfer application must be submitted within **two weeks** of the first semester when the student registered at KPTM/KUPTM.
4. More than one course done in the diploma programme can be combined to request for credit transfer. The syllabus of the course(s) must cover a minimum of 80% KPTM/KUPTM syllabus and the course(s) for consideration must have a minimum grade of C.
5. Any course in the diploma programme can be used once for the purpose of credit transfer to one KPTM/KUPTM course.

SECTION A :	**Personal details**					
Student Name :						
Student ID :			IC No :			
Mobile Phone No :		Home Tel No :		Email :		
Programme Title :						
Programme Code :		Year :		Academic Session :	☐ January ☐ May ☐ September	
Faculty : (please √ one)	☐ Faculty of Business, Accountancy and Social Science					
	☐ Faculty of Computing and Multimedia			☐ Faculty of Engineering		
	☐ Faculty of Education, Humanities and Arts			☐ Faculty of Bio Industry & Health Science		
	☐ Faculty of Computer Science & Information Technology			☐ Faculty of Science Social & Humanities		
	☐ Faculty of Multimedia Creative			☐ Faculty of Accounting		
	☐ Faculty of Business Management					

SECTION B :	**Details of Previous Study**	
Programme Title :		
Institutional Name :		
Did you complete the programmes?	☐ Yes	☐ No
	If No, state your reason :	

SECTION C :	**List of course(s) to be transferred (to be completed by student)**		**For Office Use (to be completed by Department/Faculty/Institute)**	
Course Code	**Course Title**	**Credit**	**** Approved (√)**	**** Declined (√)**

*** Refer attachment Mapping of Credit Transfer*

SECTION D :	Applicant's Declaration

1. I warrant that the information on this form is **correct** and **complete**. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript(s), might invalidate my application and that KPTM/KUPTM may cancel my application in consequence.
2. I authorize KPTM/KUPTM to obtain my further information with respect to my application and, if necessary, seek academic information or transcripts from other educational institutions.
3. I hereby enclose a copy of my academic transcript and previously enrolled syllabus which have been certified to support my application.
4. I agree to abide by the statutes, regulations and policies of KPTM/KUPTM.

Student's Signature :
Date :

SECTION E :	Office Use Only

1. Faculty

Total Credit Transfer Approve

Admission Point : Semester ☐ ☐ 1 ☐ 2 ☐ 3 4

Prepared by : _____
Date :
Programme Coordinator
Signature and Stamp

Approved by : _____
Date :
Dean/ Deputy Dean
Signature and Stamp

2. Admission and Record Department

Application ☐ Received

☐ Recorded on CMS/SPMP

☐ Filed

Processed by : _____
Date :
Clerk
Signature and Stamp

Verified by : _____
Date :
Assistant Registrar
Signature and Stamp