



ZIAUDDIN UNIVERSITY

Admission Evaluation Committee Form – (For Admission by transfer of Credits)

Applicant Information

Name	
Application Number	
Program Applied For	
College / Department	
Date of Interview	

Transfer request:

Other University Transfer – **(External)**

College/ Department/ Program Transfer-**(Internal)**

1. Previous Institution/Department (if applicable): _____

2. Previous Program/Department: _____

3. Reason for Transfer request: _____

Courses Recommended for transfer (internal) / exemption (external)

Course Title of the program in which the candidate intends to transfer	Cr Hr.	Course Title of the program that candidate already earned in his / her current program of studies	Cr Hr.	transfer/exempt
Total		Total		-

* Please refer to ZU Postgraduate policy -transfer of credit section to understand the mechanism of credit hour transfer

Does the candidate require to appear in relevant HAT/GAT/ University admission test?

Yes No



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Recommendation

Decision	(v) one
Recommend for Admission	
Recommend with conditions	
Not recommended	

Conditions (if any)

- Additional courses to be completed within the _____ semesters (if any).
- Prerequisite certification in [specific area].
- Other: _____

Comments/Additional Notes:

Name of member

Signature

Date (DD/MM/YY)