**Application for Credit Transfer**

**Semester 20 / (Application deadline: )**

*Sign and submit your application in person to the LT together with the* ***official transcripts (or certified copies)****, course outlines which set out the level of study, topics covered, contact hours and credits and other relevant information.*

**Student Name:**

**Student No.:**

**Contact Phone No:**

**CityU Email Address:**

**Degree Code & Title: Transfer Institution:**

**Year of Attendance/Award:**

**Major Code & Title: (if applicable)**

**Level Attained in Transfer Institution:**

**Please enter the relevant CityU course code in the table below.**

[Note: If students cannot identify the equivalent CityU course code for GE requirements, please type “GE1” for “Area 1: Arts

and Humanities”, “GE2” for “Area 2: Study of Societies, Social and Business Organisations” and “GE3” for “Area 3: Science and Technology” as the course code. (*Not applicable to associate students of CCCU*)]

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|  | | | | | | | For  **Course Offering Unit Use** Only | | |
| **CityU Equivalent Course(s)** | | | **Transfer Institution** | | | | (Please indicate "**APPROVED**" or "**NOT APPROVED**" for courses offered by your academic unit.) | | |
| **Course**  **Code** | **Title** | **Credits** | **Course**  **Code** | **Title** | **Credits** | **Grade** | **Decision** | **Signature** | **Date** |
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I declare the information set out in the application or any supporting documents is accurate and complete, and agree to provide originals for verification when required.

Application submitted by: (Student’s signature)

for LT

Date: