

The Institute of Management Sciences,

External Credit Transfer Form

Cr. Hrs.				Program:		
	Completed:CGPA:	Email:		Cell No		
Course	(s) applied for transfer:					
	Courses taken at the		Eq	Equivalent Courses at IMS		Credi
	University/Institu	Cr.	Course	'	Cr.	Giver Yes /
	Course Title	Grade Hrs.	Code	Course Title	Hrs.	No
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		(FOR O	FICE USE ONLY)		
No. of C	Credit Hours to be transferred:_	•		vurse(s) to be transferred:		
Total No	o. of Credit Hours required:		Prepared	l By:		
Program Coordinator:		Signature:		Dated:		
Approv	al of Head of Department:	Signature:		Dated:		
				Dated:		
Approv	al of Dean:	Signature:		Dated:		
	al of Dean: of the Registrar			Dated:Dated:		
Office o	of the Registrar	Signature:				
Office of	of the Registrar of Controller of Examinations	Signature:		Dated:		
Office of Grade E	of the Registrar of Controller of Examinations Displayed: Yes/No nes for Credit Transfer:	Signature:		Dated:Dated:		
Office of Grade E	of the Registrar of Controller of Examinations Displayed: Yes/No nes for Credit Transfer: The Credit Transfer Policy applie	Signature:		Dated:Dated:		recognize
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