



# The Institute of Management Sciences, Lahore

## External Credit Transfer Form

Date: \_\_\_\_\_

ID # \_\_\_\_\_ Name: \_\_\_\_\_ Program: \_\_\_\_\_

Cr. Hrs. Completed: \_\_\_\_\_ CGPA: \_\_\_\_\_ Email: \_\_\_\_\_ Cell No. \_\_\_\_\_

Course(s) applied for transfer:

Courses taken at the other University/Institute				Equivalent Courses at IMS			Credit Given
Sr. No.	Course Title	Grade	Cr. Hrs.	Course Code	Course Title	Cr. Hrs.	Yes / No

(FOR OFFICE USE ONLY)

No. of Credit Hours to be transferred: \_\_\_\_\_ No. of Course(s) to be transferred: \_\_\_\_\_

Total No. of Credit Hours required: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Approval of Head of Department: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Approval of Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Office of the Registrar \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Office of Controller of Examinations:

Grade Displayed: Yes/No \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### Guidelines for Credit Transfer:

- The Credit Transfer Policy applies to those participants who have not completed any degree program from any HEC recognized University/DAI.
- Concern HoD shall ensure that the applicant(s) has completed same level course(s) with a letter grade of 'C' or '60%' marks and above in Bachelors and 'B' and above in Masters from HEC recognized University/DAI for which credit transfer is being sought. The request for credit transfer shall be approved by the Dean on the recommendation of the concerned HoD and programme coordinator.
- Credit transferred shall be counted towards the completion of degree requirements. The word 'Transferred' shall be written on the Final Transcript in such case(s).
- No fee is charged for credits transferred.
- The accumulative credits accepted for transfer in any program should not exceed 50% of the total program credits.

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### Acknowledgement Receipt: Credit Transfer Form

Semester: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

ID # \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_