

COURSE TRANSFER REQUEST FORM

Student's Name: _____ Program: _____ Reg. No: _____

External Transfer From: _____ University/Institute

SZABIST Internal Transfer From:

Karachi Campus ☐ Larkana Campus ☐ Islamabad Campus ☐ Hyderabad Campus ☐ Dubai Campus ☐

To be filled by the Student						To be filled by the Program Manager			
S. #	Courses Done		Credit Hours	Grade	%	Equivalent SZABIST Course		To do/Exempt	Semester (tentative)
	Crs. Code	Course				Crs. Code	Course		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Student's Signature & Date

FOR OFFICE USE ONLY

Total Number of Courses Transferred: _____ Total Credits Transferred: _____

No. of Courses to be completed at SZABIST: _____ No. of Credits to be completed at SZABIST: _____

Program Manager
Signature & Date

Manager Admissions
Signature & Date

Verified By: _____
Head of Campus
Signature & Date

Verified By: _____
Academic Controller
Signature & Date

Verified By: _____
Records Controller
Signature & Date

Attach the following Documents:

- Copy of last Transcript.
- Course outlines of all transfer courses requested.

Note:

- Return this form back to Admission Office for File.
- The student may be asked to do additional courses should the degree requirement change in the future.
- For transfer of course, course titles and course contents should match.