APPLICATION FOR CREDIT TRANSFER

Date:

Submitted to: Controller of Examinations

Name of the Student	:	
RRN	:	
Branch & Section	:	
Semester / Year	:	
Name of the Department	:	
Name of the School	:	
Portal on which course is taken	:	SWAYAM / _____
Details of course approval by the department / school	:	(Attach a copy of Course Registration Form)
Remarks of Course Equivalence Committee	:	Pass / Fail Grade:_____ Credit: _____
Recommendation of HoD/ School Dean	:	
Recommendation of Dean, AA for credit transfer	:	

Approval of COE for Credit Transfer**: Approved / Not approved**