



TRANSFER OF CREDITS REQUEST

STUDENT INFORMATION

ID#: _____ Name: _____

Program Type: Undergraduate Graduate Major: _____

Semester: 1st 2nd Summer Year: 20____ - 20____ Mobile#: _____

TRANSFER REQUIREMENTS

Institute: _____ Study Type: Regular Correspondence

Kindly ensure that the following requirements are met:

<input type="checkbox"/>	Institute is approved by MOHE*	<input type="checkbox"/>	Transferrable course grade is C or above
<input type="checkbox"/>	Official Transcript (Original + Copy)	<input type="checkbox"/>	Transferrable course credits are more than or equal to Dar Al-Hekma's course credits
<input type="checkbox"/>	Detailed Course Description (Original + Copy)	<input type="checkbox"/>	Transferrable course code and title in the Transcript matches the Course Description
<input type="checkbox"/>	Good Academic Standing	<input type="checkbox"/>	Submission Date: _____

TRANSFER COURSES

COURSE CODE	CR	EQUIVALENT COURSE CODE	COURSE TITLE	INSTRUCTOR NAME	INSTRUCTOR SIGNATURE

Department Chair Signature: _____ Date: _____

REGISTRATION OFFICE COMMENT

Registration Office Signature: _____ Date: _____