SZABIST
Hyderabad Campus

COURSE TRANSFER REQUEST FORM

Student's Name: _____ Program: _____ Registration No: _____

External Transfer From: _____ University / Institute

SZABIST Internal Transfer From:

☐ Hyderabad Certificate Program   ☐ Hyderabad Regular Program   Reg. #: _____

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

S#	To be filled by the Student		Credit Hours	Grade	%	To be filled by the Program Manager		To Do/ Exempt	Semester (tentative)
	Courses Done					Equivalent SZABIST Course			
	Course Code	Courses				Course Code	Courses		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									

_____
Student Signature & Date

For official 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 _____

Comments: _____

_____   *Verified by _____   _____
Program Manager   Admission Officer   Head of Campus
Signature & Date   Signature & Date   Signature & Date
                          (*Verify the registration number & details filled)

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.