FORM NO: KIRKHS/DDAA – EXAM 9 TRANSFER CREDIT (EXCHANGE PROGRAMME) REVISION NO: 1

LAST REVISED: MARCH - 2019



## KULLIYYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES

## APPLICATION FOR TRANSFER OF CREDIT (EXCHANGE PROGRAMME STUDENT)

CRIT	ERIA FOR TRANSFER OF CREDIT	FOR OFFICE USE ONLY			
Plea cred	se read carefully the following criteria of transfer of it	CHECKLIST  *Please tick (√) which is applicable  1. Course outline/syllabus	*YES	*N0	
1.	The institutions/colleges must be recognized by the	2. Transcript/result slips			
2.	Malaysian Government and IIUM. Credit/Contact hours/Semester are based on 14 lecture weeks.	This application form will ONLY be processed subject to submission of the following documents:			
3.	Minimum grade for credit transfer for diploma holders shall be 'B' grade or its equivalent and a good pass.	Transcript/result slips (showing course     Course outline/syllabus/description/cu	title and gra	ide); and	
4.	Comparability in terms of depth and content.	3. University/Institutional prospectus or ca			
5.	Maximum credits for transfer is 30% of the total	3. Oniversity/institutional prospectus of ca	ataioguc		
	graduation requirements of the programme.				
6.	Courses taken within 5 years prior to admission to				
	IIUM/other maximum validity period accepted by				
	Kulliyyah.				
Illus	tration for the calculation on maximum credits for transfe	er:			
	current graduation requirement : 132 mum number of credits transferred from outside institutions	: 30%			
	ılation :				
,	00 x 132				
	x 132				
= 39.	6 = 40 credit hour				
For a	-three (3) credit hour course, you may be asking for transfer o	of credit for a maximum of 13 courses only, s	ubject to po	licy.	

## PART A, B & C TO BE FILLED IN BY APPLICANT (Please write clearly)

PART A: I	PERSONAL DETAILS O	F STUDENT					
Name:			Matric Number:				
Programn	ne:		Phone No.: Handphone No.:				
			Email:				
Name of E	xchange Programme In	stitution:					
Permanen	t Address :		Correspondence Address:				
PART B: I	RECORD OF PREVIOUS	CREDIT TRANSFER					
Have you	been approved for cred	lit transfer before?	Yes No				
Backgroui	nd for the approved cre	dit transfer:					
List of cou	rses approved for cred	it transfer:					
No.	Course Code (as stated in the applicant's transcript)	Course Title (as stated in the applicant's tra	anscript)	Credit Hours	Grade Obtained	Course Code (as offered by IIUM)	
	1				<u> </u>		

(as stated in the applicant's transcript)   Hours   Obtained   Gas offer   IIIUM							
Clease attach ALL copies of the relevant course outlines/syllabus/description)   Subjects taken in the exchange programme institution (Please fill in the information accordingly)   No.							
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Please attach ALL copies of the relevant course outlines/Syllabus/description) bijects taken in the exchange programme institution (Please fill in the information accordingly)  O Course Code  (as stated in the applicant's transcript)  OPE Incomplete application will not be entertained  Certify that the above and attached information is TRUE.  Date:							
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ART D: TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD) OF THE COURSE AND DEPUTY DEAN ACADEMIC AFFA ND INDUSTRIAL LINKAGES (DDAAIL)  O BE COMPLETED BY HEAD OF DEPARTMENT (HOD) OF THE COURSE SOUGHT FOR TRANSFER OF CREDIT  lease tick (√) your decision.  pproved  APORTANT REMARK: Maximum credits for transfer is 30% of the total graduation requirements of the programme.  ourse code approved for transfer of credit:  1.	OTE:	: Incomplete application	will not be entertained				
ART D: TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD) OF THE COURSE AND DEPUTY DEAN ACADEMIC AFFAIND INDUSTRIAL LINKAGES (DDAAIL)  TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD) OF THE COURSE SOUGHT FOR TRANSFER OF CREDIT  The lease tick (\$\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqr	certif	fy that the above and attach	ned information is TRUE.				
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TO BE C	COMPLET	TED BY	HEAD O	F DEPA	RTMEN	OH) TV	D) OF	THE COURSE SOUGHT FOR TRANSFER OF CREDIT
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APPROVAL BY DEPUTY DEAN (ACADEMIC AFFAIRS & INDUSTRIAL RELATIONS)
Please tick ( $$ ) your decision.
Approved, concurred with HOD recommendation Rejected
If rejected, please comment:
Signature and Stamp of the DDAAIL
Date:
PART E: TO BE COMPLETED BY DDAAIL STAFF
Processed by:
Remark:
Signature and Stamp:
Date: