TRANSFER OF CREDIT SIMILARITY ASSESSMENT & RECOMMENDATION (STUDENT EXCHANGE PROGRAMME & COURSES FROM OTHER UNIVERSITIES/ COLLEGES)	Version No.: KSTCL/TC-00 Revision No.: 02 Effective Date: 7 February 2024

STUDENT'S INFORMATION

NAME:

MATRIC NO:

PROGRAMME:

TELEPHONE NO:

	PREVIOUS INSTITUTION	CURRENT INSTITUTION
University		International Islamic University Malaysia
Kulliyyah/ Faculty/ School		Kulliyyah of Sustainable Tourism and Contemporary Languages
Programme		
Course Title		
Course Code		
Course Outline's Version and Revised Date		
Credit Hours		
Contact Hours		
Level of Study	☐ Diploma ☐ Bachelor's degree ☐ Post graduate diploma ☐ Master's degree (*please tick the appropriate box*)	Bachelor's degree
Course Content/ Weekly Topics:	**A**	**B** (topics covered in IIUM)

List the topics/area (A) similar to the course taught in the Kulliyyah course(B) (depth of knowledge in topic must be considered)	(topics covered in previous institution)		
		➡	
		➡	
Course Content/ Weekly Topics: *State the topics/area similar to the course taught in the Kulliyyah course (depth of knowledge in topic must be considered)*		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	
		➡	

Percentage of Similarity *between the topics covered*	[ ] *Number of topics/area SIMILAR (from A) to the course taught in the Kulliyyah course (In B)*	X 100 =	%
	[ ] *Number topics/area covered in the Kulliyyah course (B)*		

Recommendation:

1)Only courses that meet a minimum number of credit hours as offered by the Kulliyyah can be recommended to be transferred as core/fundamental courses.

2) Only courses that meet a minimum of 80% similarity can be recommended to be

(Please tick the appropriate box)

To be transferred as:	Recommended	Not Recommended
Core / Fundamental subjects	*(please state the recommended Kulliyyah course title and course code if it is different from the above)*	
Free electives		

transferred as core/ fundamental courses *3) Courses that do not meet a minimum of 80% similarity can only be recommended to be transferred as free elective.*	**Checked by (Academic Advisor)** **Name:** **Date:** **Signature:** **Lecturer in charge** **Name:** **Date:** **Signature:** **Recommended by Head of Department (HOD)** **Date:** **Signature and stamp:** **Approved by Deputy Dean (Academic and Internationalisation)** **Date:** **Signature and stamp:**
Academic Office	**Remarks:** .... **Signature and Stamp:** **Date:**