SZABIST

COURSE TRANSFER REQUEST FORM

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

External Transfer From: _____ University / Institute

SZABIST Internal Transfer From:

☐ Karachi Certificate Program ☐ Karachi Regular Program Previous Reg. #: _____

☐ Larkana Campus ☐ Islamabad Campus ☐ Hyderabad Campus ☐ Dubai Campus

To be filled by the Student						To be filled by Program Manager		
S. #	Courses Done		Credit Hours	Grade	%	Equivalent SZABIST Courses		To Do/ Exempt
	Crs. Code	Course				Crs. Code	Course	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

_____
Student's 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:_____

_____ _____
Program Manager Head of Dept. / Program Dean
Signature & Date Signature & Date

_____ Records Updated: _____
Registrar / Head of Campus Records Controller
Sign & Date Sign & Date

Attach the following Documents:

- Copy of Last Transcript
- Course Outlines of all transfer courses requested.

Note:

- Submit this form to the relevant Program Manager
- The student may be asked to do additional courses; incase the degree requirement change in the future.
- For transfer of course, course titles and course contents should match.

Revised October 3, 2022