## UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

Office of the University Registrar
Tel. No. 049 536 6001 to 06 local 103,104, Email: records@upou.edu.ph

## **APPLICATION FOR TRANSFER OF CREDITS**

To the applicant: Submit / email this form together with a photocopied transcript of records or true copy of grades to the Office of the Faculty Secretary one month before the registration. A maximum of 9 units for graduate programs or 50% of the total academic units in an undergraduate program may be applied for transfer of credits. PTC students are not allowed to apply for transfer of credits

				STUDEN	INFORMATI	ON				
FAMILY NAME					FIRST NAME			MIDDLE NAME		
STUDENT NO PROGRAM								MAJOR (if applicable)		
FIRST TERM ENROLLED					LAST TERM ENROLLED					
EMAIL ADDRESS				MOBILE NUMBER/LANDLINE						
l woul		uest that the UP C			es which I ha	ave taken in	my prev	ious school be credited to	the	
				EQUIVALENT						
COURSE NO.	UNIT	TERM/YEAR TAKEN		UPOU COURSE		SCHOOL		ACTION OF THE PRO CHAIR	OGRAM	
SIGNATURE OF THE STUDENT										
SIGNATIONE OF THE STOPENT										
CERTIFIED CORRECT				RECC	RECOMMENDING APPROVAL: (FOR UNITS ONLY)					
UNIVERSITY REGISTRAR					PROGRAM CHAIR DATE					
				APPF	ROVED:					

DEAN

DATE