

Internal Transfer of Courses

AUCA Registrar's Office (effective, January, 2015)

Request on the Internal Transfer of Courses

To the AUCA Registrar's Office

From: AUCA student _____

SID old _____ SID new _____

Major department _____

<i>Old Curriculum</i>					<i>New Curriculum</i>		Signature of the corresponding department head
#	Course name	Semester , year	Number of credits	Grade	Course name		
					course #	course ID	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

AUCA Registrar _____
Signature

Head of Major Department _____
Signature