



Shaheed Zulfikar Ali Bhutto

Institute of Science and Technology

Islamabad Campus

COURSE TRANSFER REQUEST FORM

Name : _____ Program: _____ Registration No _____

Transfer From: _____ University / Institute _____

S.No	To be filled by the Student					To be filled by the Program Manager			
	Courses Done		Credit Hours	Grade	%	Equivalent SZABIST Course		To Do / Exempt	Semester (Tentative)
	Course Code	Course / Title				Course Code	Course / Title		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

Student Signature and 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
(Signature & Date)

Head of Campus- Islamabad
(Signature & Date)

Verified by: _____
Manager Admissions
(Signature & Date)

Records Updated: _____
Controller R&R
(Signature & Date)

Attach the following Documents:

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

Note:

The student may be asked to do additional courses should the degree requirement change in the future.