

## **Transfer of Credits from Another University**

Full Name													
Student ID					-								
Date (DD/MM/YY)													
Program		□ Chemistry						<ul><li>Electrical Engineering</li><li>Mathematics</li><li>Physics</li></ul>					
Degree		□ MS						□ PhD					
Status at time of admission	□ Com □ Com	□ Completed BS/BSc (16 years of education) □ Completed BS/BSc + some coursework beyond BS/BSc degree requirements □ Completed MS/MSc/M.Phil □ Completed MS/MSc/M.Phil + some coursework beyond MS/Msc/M.Phil degree requirements											
Details of Courses to be Transferred to LUMS Degree  (Attach associated official university transcript and course outline)  For Office Use Only													
Course Name	Credits	Type (Quar Semes Annua	ter/ ster/		versity	Grade		LUMS E	Equivale: Code		ansfer a	allowed?	
Student's Signature:	Evaluator's Name and Signature:  Designation:					- -	Date received by Graduate Program Coordinator:  Date approved by DGPC:  Signature of Graduate Program Coordinator:						
Copy:	] Student		□RO				dvisor/ Su	pervisor			epartmen	t/DGPC	