



Office of the Registrar
EXTERNAL TRANSFER OF CREDITS

First name _____ Last name _____ Student ID _____ NU School _____
 Academic Level _____ Year of Study (1-5) _____
 Major _____ Minor (if any) _____
 Track (if any) _____ University (transferring from) _____

Please complete the table below:

Course to be transferred				NU Course		
Course abbr	Course Title	Grade	Credit hours	Course abbr	Course Title	Credit hours (ECTS)
TOTAL CREDITS						

Dean/Designated School Representative's signature _____ Date _____
name and signature

Department Chair _____ Date _____
name and signature

Other applicable signatures as needed:

Name and Position _____ Signature _____ Date _____

Name and Position _____ Signature _____ Date _____

Name and Position _____ Signature _____ Date _____

Original transcript, syllabus and other supporting documents must be attached. No transfer without original transcript will be processed.

Office of the Registrar use only

Processed by:

Date: