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

Revised June 2012

APPLICATION FOR TRANSFER OF CREDITS

To the applicant: Submit this form together with a photocopied transcript of records or true copy of grades to your Learning Center or Faculty Office **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**

STUDENT INFORMATION		
FAMILY NAME	**FIRST NAME**	**MIDDLE NAME**
STUDENT NO	**PROGRAM/MAJOR**	**LEARNING CENTER**
FIRST TERM ENROLLED	**LAST TERM ENROLLED**	
EMAIL ADDRESS	**MOBILE NUMBER/LANDLINE**	

I would like to request that the following courses which I have taken in my previous school be credited to the _____ program of the UP Open University:

COURSE NO.	UNIT	TERM/YEAR TAKEN	SCHOOL	ACTION OF THE PROGRAM CHAIR

_____
SIGNATURE OF THE STUDENT

CERTIFIED CORRECT

_____
UNIVERSITY REGISTRAR

RECOMMENDING APPROVAL: (FOR _____ UNITS ONLY)

_____ _____
PROGRAM CHAIR DATE

APPROVED:

_____ _____
DEAN DATE