

UNIVERSITY OF NAIROBI

GRADUATE SCHOOL

APPLICATION FORM FOR CREDIT TRANSFER

GS CT 1

IMPORTANT INFORMATION TO BE READ AND UNDERSTOOD **BEFORE COMPLETING THE FORM**

- i. The University of Nairobi shall accept transfer of academic credits, on individual basis, for courses undertaken and successfully completed by students at accredited Universities/Institutions who request to transfer the same to the University of Nairobi, graduate programmes.
- ii. The relevant Department/Unit of the University shall submit to Senate its evaluation on the applicant's request for transfer of credit(s).
- iii. Participation in administration of credit transfer for regional and international students exchange and study abroad programmes shall be subject to specific memoranda of understanding or agreements signed in advance between the University of Nairobi on one part and the collaborating Universities/institutions.
- iv. Credits earned from clinical courses and practicums are not transferable.
- v. The research component of the graduate programmes shall be submitted and examined at the University/Institution where it was carried out.
- vi. The number of hours, content and structure of courses for which credit transfer is sought should be comparable to the courses offered at the University of Nairobi.
- vii. Examination results of the 'courses for which credit transfers are sought, must meet a minimum pass grade for the relevant degree programme of the University of Nairobi.
- viii. A maximum of up to one third ($\frac{1}{3}$) of credits can be transferred, as per Senate regulations.

PART I: DETAILS OF APPLICANT

- 1. Name _____
- 2. Reg. No. _____
- 3. Graduate programme _____
- 4. Department _____
- 5. Faculty/School/Institute/Centre _____
- 6. College _____
- 7. Current Year of Study _____
- 8. Contact Address _____
- 9. Telephone/Mobile No. _____
- 10. Email address _____

PART II: REQUEST FOR CREDIT TRANSFER

- 1. Units for which credit transfer is sought:

Department	Course Unit	Course Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Equivalent units covered in an academic institution recognized by Senate

Institution	Course Unit	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Supporting documents attached:

- i. Transcripts Yes/No
- ii. Course description Yes/No
- iii. Other documents (Specify)

PART III: DECLARATION BY APPLICANT

1. I understand that I may be required for purposes of credit transfer to sit an examination set and administered by the respective Department on behalf of the Faculty/School/Institute/Centre Board and the University Senate.
2. I understand that I must have attained a pass mark in the above course unit(s) for which credit transfer is applied.
3. I understand that giving false information will lead to appropriate disciplinary action.

I certify that the information in this form is correct.

Applicant's signature _____ Date _____

FOR OFFICIAL USE ONLY

PART IV: DEPARTMENT'S RECOMNIENDATION

Comments by Chairman of Department where credit transfer is sought:

I recommend/do not recommend credit transfer in the following units:

Department	Course Unit	Course Code
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reasons:

Name _____ Department _____

Signature _____ Date _____

PART V: FACULTY/SCHOOL/INSTITUTE/CENTRES' RECOMMENDATION

1. Credit transfer is Recommended/Not Recommended

2. Reasons:

Name _____

Signature _____ Date _____

PART VI: GRADUATE SCHOOL

1. Application considered and Approved/Not Approved:

Signature _____ Date _____

Director, GS