



APPLICATION FOR COURSE CREDIT RECOGNITION

Surname

Person number

First name

Mobile number

Programme

Year of study

Wits Qualification to which you are requesting credit transfer

Wits Course to which you are requesting credit transfer

Details of Qualification and Course from which credit is being transferred:

Name of Institution

Name of Qualification

Course Title*

Year of study

Mark or Symbol obtained

****Please attach a certified copy of your academic transcript, the syllabus description and other supporting information.***

Motivation:

Signature of applicant: _____

Date: _____

APPROVE

NOT APPROVE

Lecturer/ Course Coordinator Name _____ Signature _____ Date _____

Head of School/ Department Name _____ Signature _____ Date _____

For Office use only

PROCESSED BY:

FULL NAME _____

DESIGNATION _____

SIGNATURE _____