



**KIBABII UNIVERSITY**  
**CREDIT TRANSFER APPLICATION FORM**  
*(To be completed in capital letters in triplicate)*

**INSTRUCTIONS TO THE APPLICANT:**

1. Credits are transferred at the time of admission for the entire Programme.
2. Application for credit transfer must be submitted to the Admissions Office at least one month before the beginning of the target academic year for joining.
3. This application shall be supported by official certified copies of transcripts for courses whose credits are applied for.
4. Credits are only for courses with grade C (Credit) or 50% and above.
5. Credits for a given course can only be awarded once for a given programme.
6. A course outline duly certified and published by the releasing institution should be attached for every course for which credit transfer is being sought.
7. University common courses, Research Project and Seminar Paper will not be considered for credit transfer.
8. The completed form should be returned to the Registrar (Academic Affairs), Kibabii University.

**PART A: APPLICANT'S DETAILS**

**Name of Applicant:** .....  
First Middle Last

**Programme Registered** (e.g. BBM, BEd. Sc.) .....

**Admission Number** .....

**Address:** ..... **Tel:** ..... **EMail:** .....

**School/Faculty:** ..... **Department:** .....

**Semester:** January- April  May- August  September- December  Academic Year

**Releasing Institution Name:** .....

**Programme Studied:** .....

<b>PART B: CREDIT TRAFER DETAILS</b>						
S/No.	Unit (s) studied - supporting the credit transfer) (to be completed by student)			Unit considered for credit transfer to be completed by CoD)		
	Unit Code	Unit Title	Grade	Unit Code	Unit Title	CoD's Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						



10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

**FOR OFFICIAL USE ONLY**

**TOTAL CREDITS GRANTED:**

- i. No. of Courses .....
- ii. Percentage of credits offered. ....

**Dean of School/Faculty Remarks:** .....

**Signature** ..... **Date** .....

**Registrar (Academic Affairs) Remarks:** .....

**Signature** ..... **Date** .....

**Deputy Vice Chancellor (ASA) Remarks:**.....

**Signature** ..... **Date** .....

