



# FAITH COLLEGES

## COURSE CREDIT REQUEST

Please print legibly and have this form photocopied before submitting to the Office of the Registrar. It is understood that the subject(s) indicated in the form is/are subject for final approval by the Office of the Registrar upon the recommendation of your respective dean/chairperson. It is the responsibility of the student concerned to secure a Final Approved Copy of their course credit(s) 14 days after the class opening.

Student No :

Name : \_\_\_\_\_ DATE FILED \_\_\_\_\_  
 Entry Year at FAITH College \_\_\_\_\_

\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME

Course/Major: \_\_\_\_\_ SEX : \_\_\_\_\_ BIRTHDATE : \_\_\_\_\_ NATIONALITY : \_\_\_\_\_

Name of the Tertiary School Last Attended: \_\_\_\_\_

SUBJECT CODE FROM OTHER SCHOOL	SUBJECT DESCRIPTION	UNIT	WHERE TAKEN	SUBJECT CODE AT FAITH	SUBJECT DESCRIPTION	UNIT	REMARKS BY THE DEAN

Curriculum Code Used: \_\_\_\_\_ Expected AY/Semester to Graduate: \_\_\_\_\_ Recommended for Approval: \_\_\_\_\_  
 Dean/Chair Signature

SIGNATURE OVER PRINTED NAME OF THE STUDENT \_\_\_\_\_

Received: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Total Number of Units Approved for Credit \_\_\_\_\_

Office of the Registrar