

THE UNIVERSITY OF HONG KONG
FACULTY OF ENGINEERING

Application for Transfer of Credit

This form is to be completed by Bachelor of Engineering students who wish to apply for transfer of credit after their exchange studies and to be submitted to the Department concerned for endorsement and onward transmission to the Faculty Office.

The Bachelor of Engineering students participating in exchange studies for one year may be granted transfer of credit for up to 60 credit-units, which will not be counted towards the cumulative GPA. The Board of Examiners of BEng programme will determine, having regard to a student's results of courses obtained at the host institution and the recommendation of the Department concerned on the suitability of the courses, the actual number of credit-units approved for credit transfer purpose. **The course apply for transfer of credit should be approved already by the Department in your study plan for exchange studies.**

Part I: Personal Particulars

University No: Name: _____ (_____)
English in BLOCK Letters Chinese, if appropriate

Tel. No.: _____ (Mobile / Pager) _____ (Hall & Room No)

Academic Year: _____ - _____ Course Year: _____ email address: _____

Programme: _____ Year admitted: _____

Part II: Transfer of Credits

(A) Number of credits you wish to transfer: _____

(B) List of course(s) approved by the Department in your study plan for Exchange Studies:

Course(s) code and course(s) title as provided by the syllabus for <u>programme name, HKU Courses</u>	Courses taken at the host institution	No. credit-units

(C) Supporting documents attached for consideration: (please tick wherever appropriate)

- Official Transcript of host institution
- Study Plan for Exchange Studies

Part III: Declaration

I accept that the information provided will be used in matters relating to my application for transfer of credits. As part of this exercise, it may be necessary to disclose details to internal departments authorized to process the information.

Signature : _____ Date : _____

FOR OFFICE USE ONLY

For the Department Office Use Only

The application is supported / not supported*.

Remarks: _____

Date: _____ Department Head's Signature: _____

Faculty Office Use Only

Approved/Disapproved

Chairman, Board of Examiners of BEng Programme

Date: _____

* Please delete as appropriate