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**ALFAISAL UNIVERSITY OFFICE OF THE REGISTRAR**

**Application for Credits Transfer**

* This application needs to be filled out by an applicant who has taken courses (listed below) prior to attending Alfaisal University and wishes to transfer the course(s) towards a degree within Alfaisal University if a minimum grade of **C** has been received.
* The applicant needs to include his/her official transcript and detailed course description.
* Preparatory year courses will not be transferred to Alfaisal University.
* Only the fields marked with ***asterisks\**** need to be filled out by the applicant.

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| \*ID Number: | | \*Student Name: | | | | | | | | | \*Date: | | |
| \*College: | | | | | | | | | | | | | |
| \*Course Number | \*Course Name | | \*Credit Hours | \*Grade | \*Institution | | \*Semester / Year (date) | Departmental Evaluation | Alfaisal Course Equivalent | | | Course Instructor’s Signature | Dean’s Signature |
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| Registrar’s Office | | | | | | Date | | | | Notes: | | | |