



AZM UNIVERSITY

TRANSFER COURSE EQUIVALENCY PETITION

Name ID#
Last First Middle

Faculty Major Semester/Year

Email Telephone # Mobile

Name of transfer University/Institution:

Transferred University/Institution:

Course Code	Course Name	Credits	Grade

Azm University/Institution:

Course Code	Course Name	Credits	Grade

Total Number of Transferred Credits:

Student's Signature: Date:

Dean's Signature: Date: