



Student Personal Details

Full Name	<input type="text"/>		
Student Number	<input type="text"/>	National ID card Number	<input type="text"/>
Contact Number	<input type="text"/>	Email ID	<input type="text"/>

Current Course Details

Course Name	<input type="text"/>	Batch Number	<input type="text"/>
Faculty	<input type="text"/>	Campus	<input type="text"/>

Details of Previous Study

Please provide details of previous study.

Institution Name	<input type="text"/>
Course Name	<input type="text"/>
Academic Year	<input type="text"/>

About previous study

Subject(s) studied previously

Subject	Credit Points	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

About Advanced Standing

Subject applying for advanced standing

Subject	Credit Points
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

For Faculty Approval

Approved	Rejected	Credit Points Granted	Approved Signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Note: * Please attach attested copies of Transcripts & Subject Outlines of your previous studies to support your application.

** Attach a copy of attested Experience letter for Teaching Practicum

Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date

Signature

OFFICE USE ONLY

Form complete: Yes / No	Date:	Form Received by:	Date Faculty notified:
Registrar Approval :		Student Notified on :	Letter reference: