



COURSE CREDITING FORM
(SHIFTEES / TRANSFEREES)

NAME: _____
Last First Middle Initial

Contact Information: _____
Email Address Mobile Number

Transferee Shiftee Returnee Second Courser

FROM	TO
School/ College: _____	School/ College: _____
Program: _____	Program: _____
Major: _____	Major: _____

	COURSE PREVIOUSLY TAKEN				COURSE COUNTERPART			
	Course Code	Course Title	Grade	Units	Course Code	Course Title	Units	Evaluated by: Signature Over Printed Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

TOTAL: _____

TOTAL: _____

Checklist of Attachments:

Original or Certified True Copy of Transcript of Records Original or Certified True Copy of Course Description taken in another school

Terms and Conditions:

1. Only the grades in courses taken in DLSHSI shall be included in the computation of the Cumulative Grade Point Average (CGPA)
2. In order to graduate with honors, 80% of the total credits earned toward the degree must have been earned in residence at DLSHSI
3. Courses taken from another school should be credited on the first semester/term of studies at DLSHSI. No other course taken from another school may be credited subsequent to this approval.

I have read and understood the terms and conditions for the crediting of courses and agree to the same.

Signature over Printed Name / Date

Endorsed:

Approved:

Dean

Registrar

Date: _____

Date: _____

For The Registrar's Use

Received:

Records Evaluator's Signature over Printed Name

Date

TR-ESOS005 s.2020

