



APPLICATION FOR ACCREDITATION OF SUBJECT FOR TRANSFEREES

REQUIREMENTS:

1. Application for Accreditation of Subject/s Form
2. Curriculum Sheet used upon admission in PUP
3. TOR with remarks "Copy for PUP" from the last school attended
4. Course Description

Maximum of 30 units is allowable for credit including mandatory subjects, 2 PEs & NSTP

PROCEDURE:

1. Fill out this AAS Form properly and attached photocopy of TOR from the last School/University attended with remarks "COPY for PUP" together with the copy of Subject Description.
2. Proceed to respective Department offering the subject you are requesting for accreditation and have it approved by the Chairperson.
3. Proceed to the Office of Admission Services, Ground Floor, West Wing for signature of the Chief of OAS.
4. Proceed to Records Evaluation and Authentication Section (REAS) of the Student Records Services, Office of the University Registrar (GF, South Wing) for checking/validation of the AAS Form.
5. Proceed to Window 14 of Office of the University Registrar, Ground Floor, South Wing for approval and signature of Assistant University Registrar.
6. Go to the Accounting Office-Student Services for assessment of the accredited subjects and to the Fund Management Office (FMO) for payment of P 12.00 per unit.
7. Proceed to OAS for submission of the original copy of required documents and for endorsement of the photocopy of the documents to the ICTO and tagging of the accredited subjects.

_____ Date

Dean, College of: _____

Sir/Madam:

May I, _____, _____, with _____
(Lname, Fname, M.I.) (Course/Year & Section) (Student No.)

respectfully request for the transfer of credit of the subjects I took from _____ as follows:
(Name of College/University)

Former School:					PUP College of:			
SEM/SY	Code	Subject Title	Grade	Units	Code	Subject Title	Units	College Dean/Chairperson Approval (Signature over Printed Name)
TOTAL NO. OF UNITS:					TOTAL NO. OF UNITS:			

Attached are my Transcript of Records with remarks "Copy for PUP" from _____ and course description for your reference.
(Name of College/University)

Thank you very much.

Very truly yours,

Signature above printed name/Course

Recommending Approval:

Approved by:

Assessed by:

Acknowledged by:

Chief, Admission Office

Assistant University Registrar

Accounting Student Services

ICTO Staff

Office of the University Registrar, PUP A. Mabini Campus, Anonas Street, Sta. Mesa, Manila 1016
Direct Line: 335-1752 | Trunk Line: 335-1787 or 335-1777 local 285 or 389
Website: www.pup.edu.ph | Email: registraroffice@pup.edu.ph

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