



Republic of the Philippines
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RECORDS MANAGEMENT SERVICES OFFICE

TRANSFER CREDITS FORM

Name of Student: _____ Student No. _____
 School Transferring from: _____
 Credentials Submitted: _____

Applying for: Course: _____ Major: _____

Subject Discipline	Subject Taken and Units Earned	Units	Subject Credited for and Units	Units	Grade/Remarks

Evaluated By: _____

Recommending Approval: _____

Approved: _____

 Name and Signature of Evaluator

 College Dean

SAMUEL E. GASPAR, LIB, MA
 University Registrar