



INTERNATIONAL MOBILITY PROGRAMME

IAD-ExP-CT-01

ACADEMIC REGISTRATION FORM

Student Name :	Programme of Study :
Gender :	Admission Year :
I/C No. :	Current Year of Study :
Matric No. :	Tel No. (Mobile) :
Faculty :	Email :

Host University :	Country :
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Dear Sir/Madam,

We appreciate your cooperation to complete and sign this Academic Agreement of the above student for purpose of credit transfer.

Course Code	Course Name	Level (Year)	Number of contact hours per semester (number of hours x number of teaching weeks in a semester)	Signature of Lecturer

Certified by:	
Signature :	Date :
Name :	
Designation :	
Stamp :	