



Republic of the Philippines
UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES
 Cagayan de Oro City

RF 20

Office of the University Registrar

**APPLICATION FOR ACCREDITATION OF SUBJECTS
 TAKEN IN OTHER COLLEGES/UNIVERSITIES
 (College Level)**

___ Semester/Summer, SY _____

Name _____ Student ID No. _____

Course & Year _____ Major (if any) _____

Name of School last attended _____

Previous Course _____ Period of Attendance _____

Subjects to be Accredited			Accredited to (Subject Code & Descriptive Title)	Remarks	Name & Signature of Program/Area Chairman
Subject Code	Descriptive Title	Units			

 Student's Signature

Recommending Approval:

Approved:

 Signature over Printed Name
 of Program Chairman

 Signature over Printed Name of Dean

Date: _____

Note:

- Please attach *Transcript of Records*.
- Accomplish this form in duplicate (1 copy for Registrar's Office & the other copy is retained by the student).
- The subjects for accreditation will only be officially accredited once the previous College/University provides USTP the official transcript of records with the remarks: *Granted Transfer Credential, copy for USTP*.

To be filled out by the Registrar staff