

**Application for Cross Credit**

**Programme Name:**

**Class/Group Number (if Current student):**

**Student Name:**

**Student ID:**

**Detail of Cross Credit Request**

S.No	US/Paper Code	US/Paper Name	Reason

**Student declaration:** I hereby confirm that all information given on this form, and the attached documents, is complete and correct. I agree that ICNZ may validate this information with the institutions I have attended.

**Student Signature:**

**Date:**

**Check List:** Please make sure that you have submitted the following documents:

- Verified/true copy of academic records stating result achieved
- Course content (Full detail)

**Application Outcome (For office use only)**

Academic Staff Name and Signature: \_\_\_\_\_

Admin Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_