



FACULTY OF ARTS DEPARTMENTAL CREDIT RECOMMENDATION

STUDENT NUMBER: _____ NAME: _____

Please provide details in the space below of the units of study you have completed at another University or Tertiary Institution:

University	Unit Name	Credit Point Value	Semester/ Year completed	Result

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE CHAIR OF DEPARTMENT

I RECOMMEND CREDIT BE GIVEN FOR THE FOLLOWING UNITS OF STUDY:

Unit of Study Name	Course Code	Level (1000, 2000, 3000)	Credit Points

The student may enrol in _____ without further consultation.

If the student wishes to enrol in _____ he/ she must consult the Department.

I DO NOT RECOMMEND CREDIT, BUT WILL RECOMMEND ADVANCED STANDING i.e. the student may enrol in the following units of study on the basis of prior learning experience:

Unit of Study Name	Course Code	Level (1000, 2000, 3000)	Credit Points

THIS SECTION MUST BE SIGNED BY THE CHAIR OF DEPARTMENT:

Name: _____ Department: _____

Signature: _____ Date: _____