



# NATIONAL OPEN UNIVERSITY OF NIGERIA

PI (PERSONAL IDENTIFICATION) NUMBER:

## CREDIT TRANSFER CLAIM FORM

Please fill in all sections of the form. If you have any difficulties filling the form please contact the Credit Transfer Centre: Contact details are given at the end of this form

|  |                                  |                              |
|--|----------------------------------|------------------------------|
| Title <input type="text"/>   | First Name: <input type="text"/> | Surname <input type="text"/> |
| Your Address: <input type="text"/>   |                                  |                              |
| <input type="text"/>   |                                  |                              |
| <input type="text"/>   |                                  |                              |
| Date of Birth:<br>dd/mm/yyyy   | <input type="text"/>             |                              |
| Please ensure that you include your PI number above. If you do not have a PI number, contact our Study Centre nearest to you, where you will be allocated one. |                                  |                              |
| The National Open University of Nigeria qualification which you wish to claim credit for:  |                                  | <input type="text"/>         |
| If you are unsure as to this please refer to the section on our website "How to apply"   |                                  |                              |

## Details of your previous Study

If you wish to claim more than one period of study please give details of each separately.  
The form continues on the next page, and you may use a separate sheet if needed.

|   | To be completed by Claimant                          |                                  |
|---|--|----------------------------------|
| <b>Institution:</b><br>(Write the full name of the educational or professional institution where you studied)   |  |                                  |
| <b>Date of Study:</b>   | Start: dd/mm/yyyy                                    | Finish: dd/mm/yyyy               |
| <b>Mode of Study:</b><br>(Please delete as appropriate)   | Full time/Part-time/Sandwich course/Distant Learning |                                  |
| <b>Qualification title:</b><br>Please give the full title of the course/qualification you studied.<br>For professional institutions give the grade of membership achieved together with the route by which you qualified) |  |                                  |
| <b>Any exempted study?</b><br>(Please give details of any course/period of study from which you were excused. This could be in regard to AP (E) L for previous qualifications)  | Yes/No   | If yes, please list subjects     |
| <b>Study completed?</b><br>(If no, please indicate the proportion of the qualification for which you successfully completed the assessment)   | Yes/No   | If no please indicate proportion |

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| <b>Qualification title:</b><br>Please give the full title of the course/qualification you studied/attained.<br>For professional institutions give the grade of membership achieved together with the route by which you qualified) |  |                                  |
| <b>Awarding Body:</b><br>(If this is different from the Institution which you studied)   |  |                                  |
| <b>Any exempted study?</b><br>(Please give details of any course/period of study from which you were excused.  | Yes/No   | If yes, please list subjects     |
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| <b>Institution:</b><br>(Write the full name of the educational or professional Institution where you studied)  |  |                                  |

Please ensure that you have:

- Read and understood the eligibility guidelines provided in the Credit Transfer Policy.
- Enclose all the necessary documentary evidence
- I have read and understood the guidelines on Credit Transfer
- I have included \_\_\_ documents (apart from this form)
- I give you my permission to make any enquiry(ies) you need with the institution(s) listed above (and any associated institution(s) if it will help you to assess my claim for credit transfer
- The documents bear my former name(s) \_\_\_\_\_ and I enclose proof of my change of name (Complete only if applicable)

Your Signature:..... Date: .....