DATE :/	
TO: HEAD, SCHOOL OF DISTED COLLEGE 340 MACALISTER ROAD 10350 PENANG	
APPLICATION FOR ADVANCED STANDING	
l,	
(ful	I name)
MyKad/Passport No	, would like to seek advanced standing to the
	program
based on the examination results of my previous	ous studies.
Details of the latest academic records as follows:	ws:
PROGRAMME NAME:	
INSTITUTION:	
LEVEL OF STUDIES :	(please state: Foundation/Certificate/Diploma/Others)
DURATION OF STUDIES :	
Your consideration in granting advanced stand	ding would be appreciated.
Thank you.	
YOURS SINCERELY	
 Name:	

[Please attach all relevant academic transcripts and course outline when submitting this application]

DISTED-AD-F-04 Revision No: 04

Effective Date: 01/09/2021

FOR OFFICE I	USE ONLY
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STUDENT'S NAME:	
EXTERNAL PROGRAMME:	_
INSTITUTION NAME:	_
PROGRAMME ENROL:	ΙΝΤΔΚΕ·

SUBJECT FOR CONSIDERATION TARGET SUBJECT		%				
UNIT CODE	UNIT NAME (CREDIT HOURS)	UNIT	UNIT NAME (CREDIT HOURS)	MATCH	STATUS *	EVALUATOR

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T()=	emption Only Credit Transfer (No. of Credit Allo) =Credit Transfer with Grade for	-	programm	es (No. of Credit Allowed	/Grade E	arned)
EXEMPTIO	DN GRANTED : ☐ YES ☐ NO					
IF YES, TO	TAL EXEMPTION GRANTED :					
CREDIT TF	RANSFER GRANTED (both T and G S	Status):	□ YES	□NO		
IF YES, TO	TAL CREDIT TRANSFER GRANTED:					
TOTAL NU	IMBER OF CREDIT HOURS GRANTE	D (BASED	ON STATU	JS IN TABLE) :		
REMARKS	:					
PROPOSE	D BY :(NAME OF HEAD/ACADEMIC ADVIS	SOR)				
SIGNATUF	RE:			DATE:/		
APPROVE	D BY BOARD OF ACADEMIC AFFAIR	RS :	_//_			
SIGNATUR	RE :					
	PRESIDENT					

Effective Date: 01/09/2021