

IILM UNIVERSITY, GREATER NOIDA
Office of the Dean – Academics / School Curriculum Committee

COURSE EQUIVALENCE FORMAT

(To be completed by the concerned Department/School for each course proposed for transfer)

A. Student Details

Field	Information
Name of Student	
Program Applied / Enrolled	
School / Department	
Admission Type	<input type="checkbox"/> First-Year with Prior Credits <input type="checkbox"/> Lateral Entry <input type="checkbox"/> IILM Student (External Credit)
Academic Year	
Name of Previous Institution	
Grade Obtained	
Term / Semester Completed	
Year of Completion	

C. Course Mapping at IILM University

External University Course Details				IILM University Course Details			
S. No.	Course Code	Course Name	Credit	S. No.	Course Code	Course Name	Credit

D. Recommendation and Remarks

Evaluator	Signature & Date
Course Instructor / Subject Expert	
Department Coordinator / Advisor	
Head of Department / Dean	

Remarks (if any):

E. Final Approval (To be filled by Dean Academics/Registrar)

Item	Approval Status
Credit Transfer for this course	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Approved Equivalent Course Code	
Grade Entry Status	<input type="checkbox"/> Grade Transferred <input type="checkbox"/> Grade Not Transferred ("TR")
Effective from Semester	

Signature (Dean Academics/Registrar): _____

Date: _____