IILM UNIVERSITY, GREATER NOIDA
Departmental Approval/Recommendation Format for Credit Transfer

SECTION A: Student & Application Summary

Field	Information
Name of the Student	
Program / Department	
Academic Year	
Application Type	☐ First-Year Entry with Prior Credits ☐ Lateral Entry / Migration ☐ External Credit during Study
Credit Transfer Request ID (if any)	
No. of Courses Evaluated	
No. of Courses Recommended for Credit Transfer	

SECTION B: Department Evaluation Summary

Please summarize the departmental evaluation for the credit transfer application below:

S. No.	Course Title (External Institution)	Equivalent IILM Course Code & Title	Credit Hours Approved	Type (Core/Elective)	Grade Transfer	Status (Approved / Not Approved)
1.					☐ Yes ☐ No	☐ Approved ☐ Not Approved
2.					☐ Yes ☐ No	☐ Approved ☐ Not Approved
3.					☐ Yes ☐ No	☐ Approved ☐ Not Approved

(Attach more rows/pages if needed)

SECTION C: Remarks / Observations by Department

Please include brief academic justification for the recommendation or rejection, especially in cases where course mapping is partial or conditional:

_____
_____
_____
_____

SECTION D: Certification and Signatures

We certify that the courses evaluated above have been thoroughly reviewed against the current syllabus, course outcomes, and credit norms of IILM University. The recommendations are in compliance with UGC regulations and institutional policy.

Name & Designation	Signature	Date
Course Instructor / Subject Expert		
Program Coordinator / Advisor		
Head of Department		
Dean of School		

SECTION E: Forwarded to Registrar / Dean Academics

☐ The above credit transfer recommendation is complete and submitted for final administrative approval and record entry.

Date of Forwarding: _____

Signature (HoD/Dean): _____

Official Seal of Department: _____