

COURSE COMPARISON FORM FOR CREDIT TRANSFER ARRANGEMENT FOR THE INTERNATIONAL STUDENT EXCHANGE PROGRAMME

DEGREE PROGRAM AT: MANIPAL UNIVERSITY JAIPUR				NAME OF PARTNER UNIVERSITY DEGREE PROGRAM :					
NO.	NAME OF COURSES	CREDIT	TOPICS	CONTACT HOUR	NO.	NAME OF COURSES	CREDIT	TOPICS	CONTACT HOUR

I hereby declare that the information provided in this form is true.

Student Name and Signature:

HoD Name and Signature:

NOTE: Copy of approved form to be submitted to Directorate of Academics, Controller of Exams and Directorate of International Collaborations

	HOME UNIVERSITY		HOME UNIVERSITY		PARNTER
Director's Recommendation		Dean's APPROVAL		Dean'S APPROVAL	UNIVERSITY
NAME, SIGNATURE with DATE		NAME, SIGNATURE with DATE		NAME, SIGNATURE with DATE	

Directorate of International Collaborations	Directorate of Academics	Controller of Examination	HOME UNIVERSITY
NAME, SIGNATURE with DATE	NAME, SIGNATURE with DATE	NAME, SIGNATURE with DATE	NAME, SIGNATURE with DATE