



ACADEMIC CREDIT TRANSFER 2020

[Please print/write **clearly** – especially Zip-Codes]

NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS (to which a copy of academic transcript will be sent) :

COLLEGE/UNIVERSITY ADDRESS

(To which NUI, Galway will send your academic transcript/academic credit transfer. NB - Please make sure that your transcript is being sent to the correct office/department):

**IMPORTANT- PLEASE ATTACH A PHOTOCOPY OF YOUR
PASSPORT/DRIVERS LICENSE**

**(The name on your passport/drivers license is the name that will appear on your
academic transcript)**