



**Universitat de les  
Illes Balears**

Masters/Doctorate Official Studies:  
Credit Transfer Form

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Surname and ID No.:  
Name:

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Address:

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Postcode: Telephone nos.:

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e-mail:

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**States:**

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Having been admitted on Masters/Doctorate Official Studies:

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Masters:

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Masters Module:

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Doctorate:

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Doctoral  
Research Area:

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**Requests:**

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Credit transfer for the following subjects: (academic transfer for courses taken to be attached)

| <u>Studies Taken</u> | <u>Subjects/Credits</u> |                |
|----------------------|-------------------------|----------------|
|                      | <u>Subjects</u>         | <u>Credits</u> |
|                      |                         |                |
|                      |                         |                |
|                      |                         |                |

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Palma,

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*Signature,*

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Management/Coordination Approval:

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Mr./Ms. Masters/Doctorate Official Studies Coordinator

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Mr./Ms. Head of Department responsible for Masters/Doctorate Official Studies

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