



GUIDELINE FOR COURSE EXCHANGE: TRANSFER CREDIT, PROFICIENCY EXAM, HONORS COURSE, AND INDIVIDUAL STUDY COURSE

Reference number : VUNI.18
Published by : VinUniversity Office
Published date : 5/11/2020
Applicable Department : VinUniversity students and academic/academic support units

I. PURPOSE

To provide students options to substitute or augment a VinUni course with advanced or independent study.

II. CONTENT

Transfer Credit: Students can transfer acceptable credits from studies at another university or count some AP and IB tests toward VinUni's requirement. The following can be applied for transferring credits:

- a) Credit for Exams taken: Earn credits for AP, IB, French Baccalaureat and GCE A-level exams. Faculty of Arts and Sciences will define the English exam credit and placement that are specific to the Faculty.
- b) External transfer student credit evaluations: to be eligible for VinUni credit, a course must be substantially equivalent to a comparable VinUni course in terms of content and rigor. This will be determined using criteria such as content hours, assessments, and textbooks. A grade of "C" or higher is required for a course to transfer. Faculty/College will determine how transfer courses may be used to fulfill major or minor requirements.

There should be a Transfer Credit Application Form (PDF or online – Appendix 1) with the following sections:

1. To Be Completed by Student: include transfer course information, with appropriate attached materials (i.e. syllabus of equivalent course, course description, textbook used for the course, example completed assignments/coursework).
2. To Be Completed by Faculty (Course Instructor or Program Director): to certify that faculty has reviewed the appropriate materials and believe that the transfer course is equivalent in content, rigor, and level of the specified VinUni course.
3. To be Completed by College Dean/Head of Faculty for final approval

The Registrar will finally approve this application and enter the grade as "T - Transfer Credit" for the specified VinUni course on student's transcript.

Proficiency Exam: When appropriate (and only for first-year courses), the course instructor can offer proficiency exam near the beginning of the semester to allow student to demonstrate their proficiency of all course learning objectives as stated in the course syllabus. If the student passes the proficiency exam, he/she can obtain the equivalence of the transfer credit.

Honors Course: Offered 1-hour extra credit in conjunction with another VinUni course taken concurrently. Students must complete extra, and advanced class assignments as specified by the course instructor. A special exam may be required for admission to this course.

Individual (Independent) Study (1 to 3 credit hours per semester; may be repeated; are applied as elective credits only): There should be an Individual Study Form (PDF or online – Appendix 2) that the student has to submit within the first 8 weeks of the semester and obtain the agreement from a VinUni faculty, who serves as the course instructor for this student's Individual Study course. The Individual Study form contains the title, outline, and description of the project that would be conducted by the student for this Individual Study course. The agreed instructor would have to submit a grade for the Individual Study course at the end of the semester like for a regular course. The expected workload, as for other regular courses, is 3 times the number of signed up credit hours, per week on average. The expected deliverables at the end of the semester are either a presentation at the Undergraduate Research Symposium and/or a project report as specified by the course instructor.

Developed by: Vice Provost Office, Registrar Office
Reviewed by: Educational Affairs Committee
Approved by: Provost

University Registrar's Office • Room I317 - Level 03 - Building I • 024-7108-9779 (Ext: 9004)

TRANSFER CREDIT APPLICATION FORM**INSTRUCTIONS**

Students must complete this application to obtain approval for transfer credit to be applied to their College degree. Transfer courses must be equivalent in content, rigor, and level to courses offered by the VinUniversity. Students should submit a completed Transfer Credit Application before taking a course. Please review the policies pertaining to transfer credit on the [Academic Regulations](#).

Important note: An official transcript (bearing the institutional seal) from the transfer institution must be received by the University Registrar Office for final approval and processing. Any application lacking an official transcript on file after 6 months will be null and void. A new application will be required for further approvals. The actual number of transfer credits awarded will be determined upon review of the official transcript.

SECTION A: TO BE COMPLETED BY STUDENTS

Please complete the following:

Name:
Email:
Academic Advisor:Student ID#:
Telephone:
Department:

Admitted Academic Program:

Were you an external transfer to VinUniversity?

☐ Yes☐ No

Have you ever received transfer credit?

☐ Yes☐ NoTransfer Course Information (must attach a course description/syllabus)Institution:
Course Code:
Credit Hours:
Start Date (DD/MM/YY):Address:
Course Title:
Grade Received:
End Date (DD/MM/YY):_____
Student Signature_____
Date

(*) Complete Section A **in full** for each course for which you are requesting transfer credit.

SECTION B: TO BE COMPLETED BY FACULTY OR COLLEGEVinUniversity Equivalent Course (Code):
VinUniversity Equivalent Course Title:
Semester/Session:☐ Fall☐ Spring ☐ Summer

VinUniversity Course Credit Hours:

Year: _____

☐ *I have reviewed the appropriate material related to the courses described above and believe that the two are reasonably equivalent in content, rigor, and level. I recommend that credit be awarded only if a minimum grade of "C" is received.*

Academic Unit:
Name:
Signature:

Date:
Title:

(*) *Section B must be completed by the VinUniversity academic units that offer the equivalent course for transfer.*

SECTION C: TO BE COMPLETED BY FACULTY ADVISOR

Transfer credit fulfills the requirement of:

Advisor Signature

Date

Petition #: _____

**RETURN FULLY COMPLETED FORM WITH COPY OF COURSE DESCRIPTION/TRANSCRIPTS TO
OFFICE OF REGISTRAR, VINUNIVERSITY ROOM I317, LEVEL 03, BUILDING I**

FOR OFFICE USE ONLY

Action: <input type="checkbox"/> To Program Director to Evaluate <input type="checkbox"/> To Head of Registrar to Evaluate <input type="checkbox"/> To Head of Related Department(s) to Evaluate Date:	
Dean/Head of Faculty Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny Signature: Title: Date:	Program Director/Faculty-in-charge Action: <input type="checkbox"/> Validate and Approve ____credits in _____ <input type="checkbox"/> Can't be approved for credit Signature: Title: Date:
Registrar Action: <input type="checkbox"/> Grant/Confirm <input type="checkbox"/> Deny Signature: Title: Date: <input type="checkbox"/> Updated on SIS <input type="checkbox"/> Informed other related departments	

University Registrar's Office • Room I317 Level 03 Building I • 024-7108-9779 (Ext: 9004)

INDEPENDENT STUDY APPLICATION FORM

INSTRUCTIONS

Independent study classes are offered for variable credit, for up to a maximum of 3 credits and are applied as elective credits only. Enrollment requires the submission of an approved form.

How to Enroll

1. The student should advise with Faculty Advisor and complete the independent study form.
2. The student should bring the completed form to the supervising instructor for the first approval.
3. The student should bring the form to the Office of Registrar for processing the final approval

SECTION A: ENROLLMENT INFORMATION

Please complete the following:

Name:

Student ID#:

Email:

Telephone:

Academic Advisor:

College/Faculty/Department:

Admitted Academic Program:

Class Enrollment Information

Course Code:

Course Title:

Credit Hours:

Grading Option:

☐ Letter Grade

☐ Satisfactory/Unsatisfactory

Semester:

Year:

Supervising Instructor:

Student Signature

Date

SECTION B: STUDENT-FACULTY RESEARCH OR INDEPENDENT STUDY INFORMATION

1. What will be produced as a result of this study? (e.g. paper, drawings, presentation, etc.)

2. Describe the supervision expected (i.e. frequency and duration of meetings)

Supervising Instructor Signature

Date

Petition #: _____

**RETURN FULLY COMPLETED FORM TO OFFICE OF REGISTRAR, VINUNIVERSITY ROOM I317,
LEVEL 03, BUILDING I**

FOR OFFICE USE ONLY

Action: <input type="checkbox"/> To Program Director to Evaluate <input type="checkbox"/> To Head of Registrar to Grant/Confirm <input type="checkbox"/> To Head of Related Department(s) to Evaluate Date:	
Dean/Head of Faculty Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny Signature: Title: Date:	Program Director/Faculty-in-charge Action: <input type="checkbox"/> Validate and Approve <input type="checkbox"/> Deny Signature: Title: Date:
Registrar Action: <input type="checkbox"/> Grant/Confirm <input type="checkbox"/> Deny Signature: Title: Date: <input type="checkbox"/> Processed on SIS <input type="checkbox"/> Informed other related departments	Faculty Advisor Action: <input type="checkbox"/> Validate and Approve <input type="checkbox"/> Deny Signature: Title: Date: