

# NATIONAL YANG MING CHIAO TUNG UNIVERSITY

## CREDIT TRANSFER APPLICATION FORM

Department/Year/Degree : \_\_\_\_\_ Student Number : \_\_\_\_\_ Name : \_\_\_\_\_

Page \_\_\_\_\_, Total Page(s) \_\_\_\_\_

Former University : \_\_\_\_\_ Faculty : \_\_\_\_\_ Subjects studied at former faculty needed to graduate must not be less than \_\_\_\_\_ credits.

Application Date :    dd    mm    yy

No	<i>Subjects, Credits and Results at former University</i>				<i>Transfer to This University subject credits</i>			<i>Review Comments</i>			
	Subjects (Fill out with credit transfer subjects in order of preference)	When Studied	Faculty	Semester 1	Semester 2	Permanent Course Number (make sure you write it)/ Subject Number	credits	choice	Department/Teaching Center Check comments, tick choice and sign	Registrar's Office	
							up	down			
1									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
2									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
3									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
4									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
5									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
6									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
7									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
8									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
9									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
10									<input type="checkbox"/> Does not approve <input type="checkbox"/> Approves _____ credits	Reviewed _____ credits	
The faculty's initial review has granted credit transfer of _____ subjects, _____ credits						The Academic Affairs Division in a second review has granted credit transfer of _____ subjects, _____ credits.					
						Total    subjects.    credits.					
Head of Department's signed approval:		Department Assistant's signature and chop				Academic Affairs Head's signed approval		Registrar's signature and chop:		Processing person's signature and chop:	
						<input type="checkbox"/> Signed by Registrar					

- Notes:1. In your application, attach the original university transcript or credit certificate. Have it reviewed by the Teaching Unit and The Department before sending to The registrar for review and approval. After approval, the processing person will stamp and leave you a copy of the form for your records. 95.9 Version
2. External students who wish to apply for credit transfers should obtain forms at the Registrar's Office and attach their original course credits certificate. Records will be saved for 5 years
3. Please refer to "National Yang Ming Chiao Tung University Students Credit Transfer Processes" Form

No:110-4-011A-01

4. If you have chosen any course that has been approved for credit transfer you, must within a period of one week, apply for withdrawal with the Curriculum Affairs Division.

# ACADEMIC TRANSCRIPT

This is to certify that Student \_\_\_\_\_ has studied at \_\_\_\_\_  University degree and has been taught the following.  for a master

The subjects form part of the University  master degree  doctoral degree course and have not been included in this student's least number of credits needed to graduate

Title of Course Attended	When Studied	Faculty	Credits	Results	Signature and Stamp of former Institute Director or Department Head (please sign in column)

The present student graduated from this University with \_\_\_\_\_ credits, the credits needed to graduate from the former institute or department being not less than \_\_\_\_\_ credits.

Certifying Unit : \_\_\_\_\_ Date :        dd        mm        yy  
(Former University's Academic Affairs Office to stamp and sign)

※ This form is given to external students who wish to transfer credit to course(s) undertaken at National Chiao Tung University

