Departi	ment of	, I-Shou U	J niversity
	Applicati	ion Form for Credit Transfer	
	(for Se	mester of Academic Year	_)
	□Freshman □Trai	nsfer Student □Postgraduate □International Freshmar	n □Double Degree Student
Grade:	Student ID No	o.: Name:	
Previous School:			
	□Five-Year □Four-Ye	ar □Three-Year □Two-Year Undergraduate Program	□Graduation
			□School Non-Completion
Review Panel Signature/Seal)		Department Chair/Institute Director (Signature/Seal)	

I. Notes on Filing for Application:

- 1. Applicants shall complete this application form in person. Please leave the column "Review Results" blank.
- 2. Please do not alter or modify this form in any way. Please affix your personal seal in case of an alteration or modification.

II. Notes on Review by Departments / Graduate Institutes:

- 1. Please tick the appropriate box(es) to indicate approval or disapproval.
- 2. Please clearly state the results on the last page.

Course Previously Taken & Credits Earned			Course Transferred & Credits					Rev Res		
Course Title	Required / Elective	Credits	Grade	Course Code	Course Title	Required / Elective	Credits	Academic Year	Approved	Disapproved

Continued

Course Previously Taken & Credits Earned			Course Transferred & Credits				Review Results			
Course Title	Required / Elective	Credits	Grade	Course Code	Course Title	Required / Elective	Credits	Academic Year	Approved	Disapproved
				~ 4:						
Total Credits Transferred:	(I	≀ equ	ired (Credits:	Elective Cred	ıts: :)	

Applicant's	Signature:	
-pp		