

**Request Form for Transferring Degree Level**

Date **fill in**

|  |  |
| --- | --- |
| I am **fill in** | Student ID **fill in** |
| Faculty of **choose** | Major **fill in** |
| Degree **choose** | Plan **choose** |
| Program **choose** | Study time **choose** |
|  |  |
| Would like to request for transferring the study program to **choose** degree | |
| and transferring credits earned from **choose** | to **choose** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Record of Study up to now** | | | | | | | |
| **No.** | **Course Code** | **Credit Earned** | **Grade Received** | **No.** | **Course Code** | **Credit Earned** | **Grade Received** |
| 1 | add | add | add | 6 | add | add | add |
| 2 | add | add | add | 7 | add | add | add |
| 3 | add | add | add | 8 | add | add | add |
| 4 | add | add | add | 9 | add | add | add |
| 5 | add | add | add | 10 | add | add | add |
| **Total** | | | | | | **Fill in** | **GPA** |

|  |  |  |
| --- | --- | --- |
| I have passed Foreign Language Test **fill in** with score **fill in** and | | |
| Comprehensive Examination **fill in**  Not specified / Qualifying Examination **fill in**  Not specified | | |
|  | | |
| Under the advice of | | |
|  | 1. **fill in** | As the Advisor / Advisory Committee Chair |
|  | 2. **fill in** | as Co-advisor / Committee Members |
|  | 3. **fill in** | as Co-advisor / Committee Members |
|  | 4. **fill in** | as Co-advisor / Committee Members |
|  | 5. **fill in** | as Co-advisor / Committee Members |
| Detail shown in the attached proposal and please appoint the proposed Advisor/Advisory Committee | | |

|  |  |
| --- | --- |
|  | Comments **fill in** |
|  |  |
| (Signature) ............................................. Student  ( **fill in** )  Date **fill in** | (Signature) ............................................. Thesis/I.S. Advisor  ( **fill in** )  Date **fill in** |
|  |  |
| Comments **fill in** | Comments **fill in** |
|  |  |
| (Signature) ............................................. Academic Program Chair  ( **fill in** )  Date **fill in** | (Signature) ............................................. Executive Program Chair  ( **fill in** )  Date **fill in** |