

**Request Form for Courses Transferred**

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 | 7 | add | add | add |
| 2 | add | add | add | 8 | add | add | add |
| 3 | add | add | add | 9 | add | add | add |
| 4 | add | add | add | 10 | add | add | add |
| 5 | add | add | add | 11 | add | add | add |
| 6 | add | add | add | 12 | add | add | add |
| **Total** | **Fill in** | **-** |

**Remark : The courses and credits must have been completed within the past 5 years, or it may depend on the discretion of the program that is accepting the transfer.**

|  |  |
| --- | --- |
|  | 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** |