

NCTU Application form for Credit Transfer

Dept./Inst.: _____ Student No.: _____ Name: _____ Tel/cell phone: _____
 Former School : _____ Former Dept./Inst.: _____

The minimal credit requirement for graduation at the former school: _____ credits Application Date: (MM) / (DD) / (YYYY) Page ____ of ____

No.	Courses, Credits and Scores at the Former School							Credits of NCTU courses to be waived			Evaluation		
	Course Name at Former School (list in the priority of courses to be transferred)	year taken	Dept./Inst. offering the course	Semester				Permanent Course No. (required) / Course Name at NCTU	Credits	Optional / Required	Dept./Inst. Comments & Signature Approved/Disapproved	Registrar	
				Fall		Spring							
				Credits	Grade	Credits	Grade						
1											<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved _____ credit(s) Signature : _____	Verify _____ credit(s)	
2											<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved _____ credit(s) Signature : _____	Verify _____ credit(s)	
3											<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved _____ credit(s) Signature : _____	Verify _____ credit(s)	
4											<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved _____ credit(s) Signature : _____	Verify _____ credit(s)	
5											<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved _____ credit(s) Signature : _____	Verify _____ credit(s)	
Initial Approval of _____ course(s) and _____ credit(s) (in this page)								Verification: subtotal of _____ course(s) and _____ credit(s) accepted (in this page). Total of _____ course(s) and _____ credit(s)					
Dept./Inst. Assistant :			Dept./Inst. Chair :					Registrar' s Staff :		Director of Registrar :		Dean of Academic Affairs(Director of Registrar was authorized to act) :	

To the Applicant- for details, please refer to the NCTU Credit Transfer Regulations.:

1. All applications must be submitted with an official and complete transcript or credit certification(s) issued by the applicant' s former school. All applications will be processed by the applicant' s department/institutes first and verified by the Registrar. The Registrar staff will stamp/sign and return a photocopy of this application form to the applicant for records when the final decision is made.
2. Applicants who wish to waive graduate courses taken from different universities or departments should obtain a Credit Verification Form from Registrar office and have it filled and stamped by the former university or department.
3. If the course that the applicant newly added has been approved for waiving, it must be dropped within one week after the waiving has been approved (by following the procedures of Beyond Time Add/Drop Courses application.)

Certificate of Credit Courses at Graduate Level

This is to certify that _____, a student enrolled in the Bachelor program Master Program, at the Department (Graduate Institute) of _____, of this University, and has taken the **following courses of the Master Program Ph.D. Program, which are not included as an integral part of the credit points for graduation from the Bachelor program Master Program.**

Course name	Year of study	Offered by	Credit(s)	Score

Signature by seal of Approval of the competent authority in reviewing the qualification requirement for graduation (such as the Department/Division of Registrar):

Date: _____