**Application form for Credit Recognition**

**from previous graduate school**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Admission (Course)** |  **(Year) (Semester)****(Master / Ph.D / Integrated)** | **Classification** | **(New / Transferred /** **Re-admitted) Student** |
| **Department** |  | **Student ID** |  | **Name** | **(Sign)** |
| **Name of previous graduate school** |  | **Name of department in previous school** |  |
| **No.** | **Subject Title** | **Credits** | **Grade** | **Recognition** | **Remark** |
| **1** |  |  |  | (Approval),(Disapproval) |  |
| **2** |  |  |  | (Approval),(Disapproval) |  |
| **3** |  |  |  | (Approval),(Disapproval) |  |
| **4** |  |  |  | (Approval),(Disapproval) |  |
| **5** |  |  |  | (Approval),(Disapproval) |  |
| **6** |  |  |  | (Approval),(Disapproval) |  |
| **7** |  |  |  | (Approval),(Disapproval) |  |
| **8** |  |  |  | (Approval),(Disapproval) |  |
| **9** |  |  |  | (Approval),(Disapproval) |  |
| **10** |  |  |  | (Approval),(Disapproval) |  |
| **Assessment Result : Subjects Credits Approval** |

We submit the results of credit recognition for new student stated above in (Master / Doctorate / Integrated) course of the said department and ask for your kind consideration and permission of credits when he/she earned from previous graduate school.

 (year) (month) (day)

**Examiner : (Signature)**

**Examiner : (Signature)**

**Examiner : (Signature)**

\* Attachment : A copy of transcript

**To Dean of Graduate school**