



Chulabhorn Graduate Institute

Transfer Credit Request Form

Semester..... Academic year

Academic Affairs	
Receipt no.	
Date	
Time	
Recipient.....	

--	--	--	--	--	--	--	--	--	--

Student ID

① Name Mr./Miss./Mrs.

Level of Study Program

E-mail Telephone

I would like to request that the following courses will be transferred

University / Institute			Chulabhorn Graduate Institute	
Course Code/ Title	Credit(s)	Grade	Course Code/ Title	Credit(s)
Total		-	Total	

Signature

..... / /

② Course Coordinator's comment

Course Code/ Title	Permission	Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

③ Chairperson of the Program Management Committee's comment

Approved Disapproved

Signature

(.....)

..... / /

④ Office of Academic Affairs

Signature

(.....)

..... / /