



Chulabhorn Graduate Institute

Request for Credit Transfer

Semester..... Academic year.....

R04

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

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(1) Student Name: Mr./Ms./Mrs.....

Student ID

Program of Study..... ☐ Master ☐ Doctoral

Email.....Telephone.....

I would like to request that the following course 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	

(3) Program Director's comment

☐ Approved ☐ Disapproved

Signature.....

(.....)

...../...../.....

(4) Institute Registrar's comment

Signature.....

(.....)

...../...../.....