



# Chulabhorn Graduate Institute

R 04

## Request for Credit Transfer Credit

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

Academic Support Division

Date .....

Time .....

Recipient.....

① Name Mr./Miss./Mrs. ....

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Student ID

Program 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 Program Director's comment

☐ Approved ☐ Disapproved

Signature .....  
( ..... )  
..... / ..... / .....

### ④ Institute Registrar's comment

Signature .....  
( ..... )  
..... / ..... / .....