

National Taiwan Normal University
Graduate Institute of Translation and Interpretation

**Application Form for Credit Waiver / Credit Transfer of
Courses from Other Departments**

(Approved at the Institute Affairs Meeting on 2013.09.26, 102-1-1)

Basic Information

Name		Student ID		<input type="checkbox"/> Master's <input type="checkbox"/> Doctoral
E-mail		Contact Phone		

Course Information for Credit Waiver / Transfer Toward Graduation Requirements

Courses from Other Depts		Proposed Credit Transfer	
Offering Department		Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Course Title / Level	<input type="checkbox"/> Master's & Doctoral <input type="checkbox"/> Doctoral	Course Title / Level	<input type="checkbox"/> Master's & Doctoral <input type="checkbox"/> Doctoral
Credits		Credits	

※ Required Documents: Course Syllabus

Courses from Other Depts			Proposed Credit Transfer	
Offering Department			Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Course Title / Level		/ <input type="checkbox"/> Master's & Doctoral <input type="checkbox"/> Doctoral	Course Title / Level	/ <input type="checkbox"/> Master's & Doctoral <input type="checkbox"/> Doctoral
Credits			Credits	

※ Required Documents: Course Syllabus

Courses from Other Depts		Proposed Credit Transfer	
Offering Department		Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Course Title / Level	<input type="checkbox"/> Master's & Doctoral <input type="checkbox"/> Doctoral	Course Title / Level	<input type="checkbox"/> Master's & Doctoral <input type="checkbox"/> Doctoral
Credits		Credits	

※ Required Documents: Course Syllabus

Remarks

© The total credits from courses applied for credit waiver/transfer from other departments shall not exceed one-third of the minimum graduation credit requirement.

Applicant's Signature: _____ Date: _____ / _____ / _____

To be Filled-in by the Institute:

Approved for the applicant to waive/transfer the credits of the above-listed courses, to be counted toward graduation requirements.

Total: _____ courses, _____ credits.

Advisor / Director of the Institute: _____

Date: _____ / _____ / _____