



SHINAWATRA UNIVERSITY

Credit Transfer Form

Form: RE005
Revision: 02
Date: 20/06/2005

Ref:...../.....

Semester: ____/____

Name: (Mr. / Mrs. / Ms.) _____ ID: _____
(IN BLOCK LETTERS)

Program: Undergraduate (Please specify) _____
 Graduate (Please specify) _____
 Other (Please specify) _____

I would like to transfer credits from previous institute as information follow:

1. Institute: _____

2. Program: _____

3. Graduation Termination of student status Year: _____

4. Enclosed documents

Transcript

Course Description

Other (Please specify) _____

Signature: _____

Date: _____

<p>● For Advisor's Comment</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(_____)</p> <p style="text-align: center;">____ / ____ / ____</p>	<p>● For Staff Only</p> <p>Total credit requested: _____</p> <p>Total credit transferred: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(_____)</p> <p style="text-align: center;">____ / ____ / ____</p>
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Instructions:

- Complete your application (page 1 and 2)
- Only the course with an earned grade of "C" or higher in the general education course or an earned grade of "B" or higher in the professional core course will be considered as transfer credit
- The course must have been taken within 5 years from the time of application
- Take the comment from your current advisor
- Submit to the Division of Registration and Education Services (RE)
- RE will refer your requisition to program chairperson for consideration
- Program informs the transfer results to RE for further action
- RE will inform you through the given university e-mail address

I would like to request for courses transfer for _____course(s). Total credits _____credit(s)

	Course Code	Course Name	Credits	Study Results
1				
2				
3				
4				
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