

Application for Credit Transfer

식사과정 학점인정 신청서

Department		University for M.S.		Student No.			
Name		Type of Student	Government Sponsored <input type="checkbox"/> Industry Sponsored <input type="checkbox"/>				
Credits to be transferred				GIST Equivalents			
Course Title	Credit	Grade	Remarks	Course No.	Course Title	Credit	Remarks
Pursuant to Article 39 of the Student Regulation, the applicant requests approval for the above credit transfer.							
Date							
Applicant :				Seal/Signature			
※ Enc. : A copy of transcript							
Advisor				Dept. Chair			
<Comments>				<Comments>			
Advisor : Seal				Dept. Chair : Seal			