

# Application Form for Credit Exemption

\_\_\_\_\_ Academic Year \_\_\_\_\_ Semester

Application Date: \_\_\_\_\_(YY/MM/DD)

Application Subject Exemption:

Applicant	Name:		Reg. No. :			
	Original Name of School:		Year Track:		( ) DAY ( ) Night	
	Department Name:		Group No.			
Courses	Course Name	Grade	Academic Year	Credit	Score	Book Name
Attachment Data :						
( ) Original School Transcript      ( ) NTUST Transcript      ( ) Others						
All Data is Truth.			Applicant Signature:			
Audit Result						
( ) PASS						
( ) Fail. Reason:						
Audit Committeeman :				Audit Date: _____		
(YY/MM/DD)						

Chairman: