

CYCU Credit Transfer Application Form for Specialized Subjects

I. Student profile

Student ID		Name	
Transfer Dept./class	Dept. _____ Class _____		
Name of Former school	_____ college _____ dept. _____ class Uncompleted / Graduated		

II. Waiver and transference application information

Equivalent CYCU Course title				Courses completed in the previous school				Examination				
Course code	Course title	Required/ Elective	Credits		Course title	Grade	Credits	Year Level	First Examination	Final Examination	Approved credits	
			—	—							—	—
									<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	<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		
									<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		
Credits of waiver and transference total in the First examination												
Credits of waiver and transference total in the Final examination												

Notifications:

1. Please read 【CYCU Regulations for Credit Transfers】 and 【Required subjects list】 in advance.
2. Students must apply with the academic transcript for 1 official copy; students from other schools have to attach it with the 'course syllabus'.
3. Please provide the correct course code & course title to ensure the credit waiver and transference procedure is well done.
4. After receiving approval in two weeks, please go to the Curriculum and Registration division to drop the related courses.
5. Please add additional columns/sections as needed

III. Procedure of examination

Applicant	The course providing unit examination	Chairman	Curriculum and Registration division	Dean of Academic Affairs
			<input type="checkbox"/> Not promoted <input type="checkbox"/> Upgrade to _____ year	
Date / /	Date / /	Date / /	Date / /	Date / /