



Naresuan University

NU 14

Date.....Month.....Year.....

Request Form to Consider Course Equivalency for Credit Transfer

Level Undergraduate
 Master Doctorate

Semester..... Academic Year.....

Student ID

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To: The President

① I (Mr./Ms./Mrs.).....

Faculty.....Major.....Mobile Phone No.....E-mail.....

used to study in a Bachelor's Degree Program/Master's Degree Program in.....(Major) at (University name).....

I would like to request for a credit transfer of the following course(s):

No.	Course Code/Course Title (used to study)	Credits	Grade	Course Code/Course Title (transfer to)	Credits	Grade
-	001103 Thai Language Skills (Example)	3(3-0)	B	001103 Thai Language Skills (Example)	3(3-0)	B

Attached with this document.

1. Student transcripts included for the course(s) requesting to transfer.
2. Course description of course(s) requesting to transfer. (Only for students who have a bachelor's degree from another University/Institute)

Student's signature.....
...../...../.....

<p>② Opinion of the advisor of the student</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">Signature..... (.....)/...../.....</p>	<p>④ Opinion of dean that the curriculum belongs to</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">Signature..... (.....)/...../.....</p>
<p>③ Opinion of dean of the faculty that the student is enrolled in</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">Signature..... (.....)/...../.....</p>	<p>⑤ Opinion of Registration Office</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">(Mrs Wassana Pajaidee) Head of the Registration and Evaluation Office</p>
<p>⑥ Order by NU</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved because.....</p> <p style="text-align: right;">(Miss Jaruaryporn Sudsawad) Director Division of Academic Affairs Acting for the President, Naresuan University</p>	<p>⑦ Registration Office (Academic Office use กบศ.)</p> <p><input type="checkbox"/> For Acknowledgement</p> <p><input type="checkbox"/> For Processing</p> <p><input type="checkbox"/> For Record</p> <p><input type="checkbox"/> Others</p> <p style="text-align: right;">Signature</p>