中國醫藥大學＿＿＿學年度新生、轉學生學分抵免申請表
China Medical University Application Form for Transferring Credits for New Students and Transfer Students for the ____ Academic Year

＿＿＿＿＿學系(Department) ＿＿年級(Grade) 姓名(Name)：＿＿＿＿＿ 學號(Student's Number)：＿＿＿＿

※『科目代號』欄學生免填※ 聯絡電話(Contact Number)：＿＿＿＿＿
(Students do not need to fill out the "Course Code" field)

本校應修科目及學分數 PREREQUISITE COURSE(S) AND CREDIT(S) FROM CHINA MEDICAL UNIVERSITY						原校已修科目及學分數 COMPLETED COURSE(S) AND CREDIT(S) FROM ORIGINAL SCHOOL						學系審查 Department Review	註冊課務組審查 Registration and Curriculum Section Review
科目名稱 Course Name	科目代號 Course Code	上學期學分數 FALL SEMESTER CREDIT(S)		下學期學分數 SPRING SEMESTER CREDIT(S)		科目名稱 Course Name	科目代號 Course Code	上學期學分數 FALL SEMESTER CREDIT(S)		下學期學分數 SPRING SEMESTER CREDIT(S)			
		正課 Lecture	實驗 Laboratory	正課 Lecture	實驗 Laboratory			正課 Lecture	實驗 Laboratory	正課 Lecture	實驗 Laboratory		

核准抵免：上學期 ＿＿ 學分，下學期 ＿＿ 學分；合計＿＿＿ 學分。
Approved credit(s) for transfer: Fall semester ＿＿ credit(s), spring semester ＿＿ credit(s); Total of＿＿＿ credit(s).

學系承辦人簽章：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
(Signature and seal of the Person in Charge of the Department)

系主任簽章：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
(Signature and Seal of the Head of the Department)

註冊課務組（教務分組）承辦人簽章：＿＿＿＿＿＿＿＿＿＿＿＿
(Signature and seal of the Person in Charge of the Registration and Curriculum Section (Division of Academic Affairs)

註冊課務組組長簽章：＿＿＿＿＿＿＿＿＿＿＿＿
(Signature and Seal of the Director of Registration and Curriculum Section)

會辦單位簽章 Signature and Seal of Processing Unit(s)：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

※辦理「全民國防教育」抵免請加會軍訓室，「體育」抵免請加會體育室，「博雅講座時數」抵免請加會通識教中心，「服務學習時數」抵免請加會學務處※

※If applying to transfer credits for "National Defense Education" please include "Office of Military Training" in the processing units; for "Physical Education" please include "Office of Physical Education;" for "Liberal Arts Seminars" please include "Information Education Center;" and for "Service Learning Hours" please include "Office of Student Affairs." ※