**Application for UNIST Credit Carryover**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Student ID |        |
| Department |   | Degree Program |   |
| Date of Graduation |         mm/dd/yyyy |
| Total Lecture Credits acquired in the previous degree program:  |  Credits applying for carryover : |
|    □ Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Course No | Course Title | Credit | Grade | CurrentInstructor | Semester |
|   |   |   |   |   | (Signature) | yearsemester |
|   |   |   |   |   | (Signature) | Yearsemester |
|   |   |   |   |   | (Signature) | year  semester |
|   |   |   |   |   | (Signature) | YearSemester |
|   |   |   |   |   | (Signature) | yearsemester |
|   |   |   |   |   | (Signature) | Yearsemester |

                       |

**※ Attachment: Transcripts of the previous degree program**

**Date: (mm/ dd/ yyyy)**

 **Applicant:                        (Signature)**

**Advisor: (Signature)**

**To the President of UNIST**