

修習研究所課程經原校認證申請書

University Certification of Previously Studied Graduate Courses

申請日期 Application Date : 年 Y 月 M 日 D

姓名 Name	學號 Student ID No.	系所 Department/Institute
身分別 Classification	<input type="checkbox"/> 碩士班 Master's <input type="checkbox"/> 博士班 PhD	
	<input type="checkbox"/> 碩士在職專班 Continuing Education /In-service Master's Program	
	(請勾選) (Please tick Appropriate box) <input type="checkbox"/> 暑期班 Summer Class <input type="checkbox"/> 夜間班 Night Class <input type="checkbox"/> 週末班 Weekend Class	
電話 Phone No.	(必填) (Required)	電郵 E-mail

原校已修課程 Course previously taken at the university			課程性質 Course Type
科目名稱 Course Name	學分 Credits	成績 Grade	
			<input type="checkbox"/> 碩士課程 Master's <input type="checkbox"/> 博士課程 PhD <input type="checkbox"/> 大碩合開 Undergraduate/Master's Combined <input type="checkbox"/> 碩博合開 Master's/PhD Combined
			<input type="checkbox"/> 碩士課程 Master's <input type="checkbox"/> 博士課程 PhD <input type="checkbox"/> 大碩合開 Undergraduate/Master's Combined <input type="checkbox"/> 碩博合開 Master's/PhD Combined
			<input type="checkbox"/> 碩士課程 Master's <input type="checkbox"/> 博士課程 PhD <input type="checkbox"/> 大碩合開 Undergraduate/Master's Combined <input type="checkbox"/> 碩博合開 Master's/PhD Combined
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			<input type="checkbox"/> 碩士課程 Master's <input type="checkbox"/> 博士課程 PhD <input type="checkbox"/> 大碩合開 Undergraduate/Master's Combined <input type="checkbox"/> 碩博合開 Master's/PhD Combined

共計 _____ 科 _____ 學分 Total Number of Courses Total Academic Credits	檢附證件： Attached Documents
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該生於上表所修習之課程確屬本校研究所課程(含大碩合開、碩博合開課程)無誤且成績七十分以上，其學分未列入本校畢業最低學分數內。

The courses above are recognized as part of our university's graduate programs (including undergraduate/master's combined and master's/PhD combined graduate courses) all of in which the student scored a 70 or above. Credits for the above courses have not been counted towards the minimum number of credits required by the student for graduation.

原就讀學校 _____ 大學教務處主管成績權責單位簽章：

Seal and signature of staff responsible for student grades and transcripts within our university's Office of Academic Affairs

日期 Date : 年 Y 月 M 日 D

此致

國立臺灣師範大學

This form is to be submitted to National Taiwan Normal University for its records.