**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 | Current  Instructor | Semester | |  |  |  |  |  | (Signature) | year  semester | |  |  |  |  |  | (Signature) | Year  semester | |  |  |  |  |  | (Signature) | year  semester | |  |  |  |  |  | (Signature) | Year  Semester | |  |  |  |  |  | (Signature) | year  semester | |  |  |  |  |  | (Signature) | Year  semester | | | | |

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

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

**Applicant:                        (Signature)**

**Advisor: (Signature)**

**To the President of UNIST**