

國立嘉義大學應用數學系選修外系課程確認單

Department of Applied Mathematics, National Chiayi University  
APPLICATION FOR CREDIT TRANSFER

\_\_\_\_\_年 \_\_\_\_\_於 \_\_\_\_\_學年度 第 \_\_\_\_\_學期 擬選修：  
(Year) (Name of Applicant) (Semester) (Academic Year) (Elective Course)

選修學系 (Name of Department)	課程名稱 (Course Title)	學分數 (Credits)	選修原因 (Reason)	導師簽章 (Advisor's signature)

主任簽章 (Signature of Department Director) :

申請日期： \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Application month day year  
(For student)

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