

Department of Biomedical Engineering NCKU Credits Recognition Form

Name / ID	/	Application date(YYYY/MM/DD)	
details for course application			
Signature of Mentor	1	____academic year____semester Department :	Credits/Hours /
		① Course Title : _____	
		Course① review Signature : _____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree Date (/ /)	
	2	____academic year____semester Department :	Credits/Hours /
		② Course Title : _____	
		Course② review Signature : _____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree Date (/ /)	
	3	____academic year____semester Department :	Credits/Hours /
		③ Course Title : _____	
		Course③ review Signature : _____ <input type="checkbox"/> Agree <input type="checkbox"/> Disagree Date (/ /)	
Signature of Chair	Signature : _____ <input type="checkbox"/> agree <input type="checkbox"/> disagree Date (/ /)		
<p>◎Notes :</p> <p>1.The Application Form should be submitted to the department office before the end of Course Enrollment Confirmation the semester.</p> <p>2.Per application form can apply for 3 courses</p> <p>3. The content of this acknowledgement must not violate the elective and maintenance regulations of the school.</p>			