Application for Credit Exemption-IBBA Program

Date：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade (year) ： | | | | | Student ID No.： | | | | Name： | | |
| Course for Credit Exemption | | | | | | | | Apply to fill the crochet for Areas of Expertise | | | |
| Course Number /Course Name | Grade (year) | Dept./Inst. offering the course | Teacher | Credit | | | Grade | Elective Courses for | | | Credit |
|  |  |  |  |  | | |  |  | | |  |
| Reason | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Signature | | | | | | | | | | | |
| Advisor： | | | | | | Director： | | | | IBBA Office： | |

\*Please provide the support document.