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.