

No.

Date:

To: The President, Doshisha University

Student Name (in block letters):

Student Signature:

Student ID Number:

Affiliation:

### Request for Transfer of Credits

I hereby request the transfer of the following course credits earned at host institution. Required documents are attached.

Title of course taken at host institution	Credits	Grade	Title of Doshisha course for which credit is sought	Credits		Outcome (university use only)
			Course code			

- Please complete sections outlined in bold.
- Please indicate if you are studying toward one of the following licenses or qualifications: teacher; curator; librarian; teacher-librarian (circle applicable field, if any).

NB: Credits earned at host institution approved as Doshisha credits may not count toward credits required for a license or qualification. Consult with the Center for License and Qualification before submitting this form.

#### University use only

部長		教務主任		事務長		係長		係	
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認定者	
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認定入力		本人通知		免許送達	
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免許相談日	
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年 月 日 受付	年 月 日 決裁
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