

Track Shifting Form

Personal Information	
Student Name:	
Student ID:	
Original Specialization:	<input type="checkbox"/> MAPE <input type="checkbox"/> MGPE <input type="checkbox"/> MED
Intention Change:	<input type="checkbox"/> MAPE <input type="checkbox"/> MGPE <input type="checkbox"/> MED
Required Attachments:	<input type="checkbox"/> Transcript (please highlight completed courses) <input type="checkbox"/> Coursework Checklist

Section 1 – Courses Completed	Finished credits	In process credits	Total Credits
Foundational Knowledge (minimum requirement: 10 credits)			
Methodology (minimum requirement: 3 credits)			
Specialization Core Courses (minimum requirement: 8 credits)			
Specialization Optional Courses (minimum requirement: 4 credits)			

Section 2 – Approval granted by				
Designated Mentor Name:		Designated Mentor Signature:		Date:
(Submit to the program office once the advisor is signed)				
Program Office:				Date:
Program Director:				Date:
Dean:				Date:

**Once approved, the office will inform you by email to collect the hardcopy, please send a scanned copy of this form and all supporting documentation in a single PDF file to the Program office at tse.pg@my.nthu.edu.tw, subject "Student ID_Student Name_Track Shifting Form".*