

# I-SHOU UNIVERSITY

## Application Form for Resumption of Schooling

Application Date: (Y/M/D) □□□□ — □ — □□□□

Student No.		Name		Birthday	
				(Y/M/D)	
College, Dept. and Grade	College  Dept. & Grade	<input type="checkbox"/> Year ____ of Doctoral Degree Program <input type="checkbox"/> Year ____ of Master's Degree Program <input type="checkbox"/> Grade __ of Bachelor's Degree Program Class _____			
Term of Suspension of Schooling	From the ____ semester of the academic year ____ to the ____ semester of the academic year ____				
Reasons for Resumption of Schooling					
Applicant's Signature/Seal		Supporting Documents	<input type="checkbox"/> Military Discharge Order <input type="checkbox"/> Medical Diagnosis Certificate		
<b>Note</b>	<b>Those who need to apply for military draft deferral please visit the Student Campus Life Guidance Section.</b>				
Approval	Staff-in-charge	Student Campus Life Guidance Section (for Males only)	Counseling and Guidance Section	Section Chief of Registration Section	
	Deputy Dean of Academic Affairs	Ratification			

※ Please sign and fill in with the date.

Retention Period: 5 years