

Application Form of Forced Suspension, I-Shou University

Date : / / (YY/MM/DD)

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Student ID		Name		Tel	Student : Parent :
College & Dept.	College		<input type="checkbox"/> Ph.D. Program: _____-grade <input type="checkbox"/> Master Program: _____-grade <input type="checkbox"/> Undergraduate: _____-grade Class _____		
Reason	<input type="checkbox"/> Since registration day, the student has requested sick and/or personal leaves and the absence has been more than one-third of the teaching hours of the semester. <input type="checkbox"/> The credits of the courses that the students took after registration are still below the required minimum even after the student is informed to make up for the deficiency. <input type="checkbox"/> The student has caught a disease that endangers health and safety of the people in school; the fact is proved by the diagnosis made from public, regional, or larger hospitals. <input type="checkbox"/> The student engaged in serious wrongdoings and is judged to forced suspend of study.				
Mailing Address	□□□				
Duration / Date (filled out by the clerk)	From _____ Semester, Academic Year _____ to _____ Semester, Academic Year _____				
Required Documents	<input type="checkbox"/> Notification of Forced Suspension of Studies <input type="checkbox"/> Student ID Card <input type="checkbox"/> A registered prepaid envelope with the name and address of the receiver. (<input type="checkbox"/> not required if taking the certificate of suspension of study in person.)				
Notes	Refund rule: After the application is ratified, the starting date for the refund calculation will be the actual date when the application is submitted to the clerk in Registrar Section.				
Ratified by	Clerk	Supervisor	Instructor (Graduate student only)	Chairman of the Department	
	①	②	③	④	
	Counseling Section	Hygiene and Health Section	Director of Registrar Section	Deputy Dean of Academic Affairs	
	⑤	⑥			
Approval/ Disapproval					

Leaving School Procedures

It should be kept for 5 years

Office	Signature	Notes:	
General Affairs Section (1st floor of Administration Building)	⑦	1. To staff: On receiving this form, please do not sign if the students leave anything undone, such as unpaid fees or unreturned items. 2. After all the offices sign/seal and write down the dates, please return this form to the Registrar Section.	
Library (2nd floor of Technology Building)	⑧		
Students' Advisors Section (1st floor of Administration Building)	Student Housing		⑨
	Perquisites		⑩
	Dorm Manager		⑪
Cashier Section (1st floor of Administration Building)	⑫		

Counseling Record for Students' Application for Suspension/Withdrawal
I-Shou University _____ Academic Year _____ Semester

Dept.& Class :	Student's Name :	Student No. :
Counseling Date & Time : Date: 年/Y 月/M 日/D Time: ____(H):____(M)~____(H):____(M)		Location :
Reasons for suspension/withdrawal : (please tick the appropriate boxes)		
Personal Factors:		
<input type="checkbox"/> Academic pressure	<input type="checkbox"/> Major and interest not matched	<input type="checkbox"/> Maladaption
<input type="checkbox"/> Financial stress	<input type="checkbox"/> Poor health	<input type="checkbox"/> Relationship
<input type="checkbox"/> Military service	<input type="checkbox"/> Transfer to a school near home	<input type="checkbox"/> Transfer to a public school
<input type="checkbox"/> Transfer to a private school	<input type="checkbox"/> Re-taking an entrance exam	
<input type="checkbox"/> Unable to complete the thesis/dissertation on time		
<input type="checkbox"/> Overseas study	<input type="checkbox"/> Seeking employment	
<input type="checkbox"/> Taking exams held by the government		
<input type="checkbox"/> Being pregnant, giving birth or nurturing a child(ren) under the age of 3		
External Factors:		
<input type="checkbox"/> Curriculum not meet my needs	<input type="checkbox"/> Poor teaching resources	
<input type="checkbox"/> Inactive interaction between teachers and students		
<input type="checkbox"/> Inactive interaction among peers	<input type="checkbox"/> No scholarship provided	
<input type="checkbox"/> International students return to the motherland to study		
<input type="checkbox"/> Being appointed to another place to work	<input type="checkbox"/> Being busy with work	
<input type="checkbox"/> Taking care of the family		
<input type="checkbox"/> Others: please specify briefly: _____		
Counseling Content : (Please describe the student's recent performance.)		

(Please submit this counseling record within two days of receipt.)

Advisor's Signature : _____