Application Form of Forced Suspension, I-Shou University

Date： ／ ／ (YY/MM/DD) □□□-□-□□□

Student ID		Name		Tel	Student： Parent：
College & Dept.	College Dept.	□Ph.D. Program: _____-grade □Master Program: _____-grade □Undergraduate: _____-grade Class _____			
Reason	□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. □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. □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. □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	□Notification of Forced Suspension of Studies □Aregistered prepaid envelope with the name and address of the receiver. (□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	Student Campus Life Guidance Section	Office of International & Cross-Strait Affairs	Supervisor	
		Tuition Reduction Status	Required if the applicant is not of R.O.C. nationality	Please fill out a counseling record	
	Thesis advisor (for graduate students only)	Chairman of the Department	Counseling Section	Hygiene and Health Section	
	Please fill out a counseling record	Please fill out a counseling record	Illness	Illness	
	Director of Registrar Section	Deputy Dean of Academic Affairs	Approval		

Leaving School Procedures

It should be kept for 5 years

Office		Signature
General Affairs Section (1st floor of Administration Building)		
Library (2nd floor of Technology Building)		
Students Housing Section (next to the Management Office of the Males' Dormitory)		
Student Campus Life Guidance Section (on the 1st floor of the Teaching Building)	Student Accident Insurance	
	Student Loan	
Cashier Section (1st floor of Administration Building)		

Notes:
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.

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:

☐ Academic pressure ☐ Major and interest not matched ☐ Maladaption ☐ Financial stress

☐ Relationship ☐ Overseas study ☐ Taking exams held by the government

☐ Military service ☐ Transfer/Re-taking an entrance exam ☐ Seeking employment

☐ Unable to complete the thesis/dissertation on time

☐ Being pregnant, giving birth or nurturing a child(ren) under the age of 3

External Factors:

☐ Curriculum not meet my needs ☐ Poor teaching resources

☐ Inactive interaction between teachers and students

☐ Inactive interaction among peers ☐ No scholarship provided

☐ International students return to the motherland to study

☐ Being appointed to another place to work ☐ Being busy with work

☐ Taking care of the family

☐ Others: please specify briefly:_____

Counseling Content：(Please describe the student's recent performance.)

Advisor's Signature：_____

Counseling Content：(Please describe the student's recent performance.)

Department Chair Signature：_____

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

Advisor's Signature：_____