

# I-SHOU UNIVERSITY

## Application Form for Requesting Data from the Registration Section of Office of Academic Affairs

Application No. (For official use only): \_\_\_\_\_ - Application Date: \_\_\_\_\_ (Y/M/D)

Unit		Applicant	
E-mail		Ext.	
<b>Purpose of Request</b>			
<b>Data Requested</b>	<input type="checkbox"/> Undergraduate Programs <input type="checkbox"/> Master's Programs <input type="checkbox"/> Doctoral Programs <input type="checkbox"/> Department/Institute: _____ <input type="checkbox"/> Student No. <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Others (please specify):		
<b>Signatures of the Applying Unit</b>			
<b>Applicant</b>		<b>Head of the Unit</b>	
Notes: 1. Please file an application at least one week prior to the date of use. 2. <b>The requested data must not be used for unintended purposes.</b> <b>Please safekeep the data pursuant to the Personal Information Protection Act.</b> 3. The file format of the requested data is subject to that of original data.			
<b>Staffer-in-charge</b>	<b>Section Chief</b>	<b>Dean</b>	
<b>Signature of the Staffer-in-charge:</b>			