

I-SHOU UNIVERSITY

Application Form for Suspension of Studies

Filling Date: / / (y/m/d)

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Student No.		Name		Signature / Seal	
College, Program & Class	College: Dept. (Institute):	☐ Undergraduate: Class _____ of Year _____ ☐ PhD: Year _____ ☐ Master: Year _____		Contact Phone No.	Applicant:
					Parent:
Reason for Suspension	☐ Illness (a certificate issued by a doctor is required) ☐ Extension for graduation (for taking courses in the second semester) ☐ Compulsory military service ☐ Others; please specify: _____ ☐ Work ☐ A lack of interest ☐ Pregnancy ☐ Financial difficulties ☐ Learning difficulties ☐ Childcare				
Mailing Address	□□□□				
Duration/Date (For official use only)	From the _____ semester of Academic Year _____ to the _____ semester of Academic Year _____; _____ semester(s) granted for this application; a total of _____ semester(s) granted so far				
Documents to Be Submitted	☐ a certificate issued by a doctor or ☐ a certificate issued by a township/city/district office ☐ a signed parental consent ☐ a registered self-addressed stamped envelope (☐ not required if the certificate of suspension of studies will be collected in person)				
Notes	1. Effective date: the date on which an applicant completes the check-out procedure and returns the check-out form to the staffer-in-charge of the Registration Section. 2. Refund: After an application has been granted, the starting date for the calculation of refund will be the date on which the application is submitted to the staffer-in-charge of the Registration Section. 3. Applications for suspension of studies will be accepted until the beginning of the final exam week. 4. Students who have completed the application process before the registration day are not required to pay the tuition and other required fees. Students in the period of suspension of studies may apply to the Student Campus Life Guidance Section for taking out the Student Group Insurance. 5. The period of suspension of studies will not be counted as part of the prescribed duration of study. Undergraduate students must study for four full years (eight semesters) as stipulated by the Academic Rules of I-Shou University.				
Approval	Staffer-in-charge		Student Campus Life Guidance Section	Office of International & Cross-Strait Affairs	
			Tuition Reduction Status	Required if the applicant is not of R.O.C. nationality	
	Advisor		Supervisor (only for postgraduates)	Department Chair (Institute Director)	
	Please fill out a counseling record		Please fill out a counseling record	Please fill out a counseling record	
	College Dean		Counseling & Guidance Section	Health Section	
			Illness	Illness	
	Section Chief of Registration Section		Deputy Dean of Academic Affairs	Dean of Academic Affairs	
	Office of Secretariat		Ratification		

※ Please sign (or stamp) on this application form and write down the date of signing.

Years of Storage: 5

Parents Agreement

Reasons (stated as follows):

To I-Shou University

Student's Parents :

(Signature with personal seal)

Date: ____/____/____(Y/M/D)

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	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.)

Leaving Procedures for Suspension/Withdrawal of Study

I-Shou University

一、 _____ Dept. _____ Grade Name _____
 Student ID _____

Applying for ☐ suspension of study leaving procedures
☐ withdrawal of study

二、 To staff: On receiving this form, please do not sign if the students leave anything undone, such as unpaid fees or unreturned items.

Please have the names signed in sequence.

Office		Signature
General Affairs Section (1 st floor of Administration Building)		
Library (2 nd floor of Technology Building)		
Students Housing Section (next to the Management Office of the Males' Dormitory)		
Student Campus Life Guidance Section (on the 1 st floor of the Teaching Building)	Student Insurance	☐ Participates in the student insurance ☐ Does not participate in the student insurance
	Student Loans	☐ Students applying for loans ☐ Students rescinding the loans ☐ Students who want to continue the loans and have signed the deposition ☐ Students not applying for loans
Cashier Section (1 st floor of Administration Building)		

※Please sign your names and write down the date.

三、 This form, signed by the offices,

is to be submitted to the Registrar Section, Office of Academic Affairs for reference.

四、 Those who apply for the suspension of studies should go through the leaving procedures after their application is accepted.

I-SHOU UNIVERSITY

Application Form for Tuition Refund Due to ☐ Suspension of Schooling ☐ Withdrawal from the University in Academic Year 20YY (For daytime undergraduate and postgraduate students)

Application Date: 20YY / MM / DD

Dept.		Grade Level & Class		Remarks
Student No.		Name		☐ General student ☐ Student with student loan ☐ Student with reduction or exemption of the tuition and other required fees Student Campus Life Guidance Section:
Items and Amount				☐ Having not registered yet ☐ Having registered before the first day of school ☐ Handling fee (5%) required before the deadline of filling vacancies by waitlisted candidates (Deadline:) ☐ Not over one-third of the semester ☐ Between one-third and two-thirds of the semester ☐ Over two-thirds of the semester Registration Section:
Tuition		Prepaid Tuition & Other Required Fees		
Other Required Fees		Student Loan		
Student Group Insurance		Reduction / Exemption of Tuition & Other Required Fees		
Faculty & Staff Pension				
Computer Lab Fee				
Language Lab Fee				
Credit Fees		Total		
Refund Amount: NT\$				
Mailing Address				
Contact Phone No.		Mobile		

Remittance Agreement

Cashier Section

I, _____ (Student No. _____), the undersigned, hereby agree that I-Shou University (“the University”) has the payment remitted to the designated bank account below. If the bank account provided is not one of the Land Bank of Taiwan or the Chunghwa Post, a remittance fee of NT\$30 will be deducted from the payment upon remittance.

I further declare that the bank account provided is not fake or watch-listed. I shall be fully responsible for any and all falsehood and disputes arising from or in connection with the bank account, and there is nothing to do with the University.

Bank: _____ Branch of _____ Bank /

Account No. _____

Chunghwa Post: Post No. _____ Account No. _____

Account Name: _____

National ID No. (ARC No.): _____

To

I-SHOU UNIVERSITY

Signature:

Mailing Address:

Mobile:

Date: _____ / _____ / _____ (y/m/d)

*Please paste a photocopy of the cover of the passbook below.