

Application for Reserved Admission I-Shou University

Date : / / (y/m/d)

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Student ID		Name		Date of Birth	/ / (Y/M/D)
College & Dept.	College Dept.	_____Grade _____Class	ID No.		
Reasons	<input type="checkbox"/> Serious health problem (The diagnosis made by public, regional, or larger hospitals is required in proof of the fact that the student needs long-term recovery and is unable to attend classes.) <input type="checkbox"/> Major accident (inevitable casualty, upon presentation of a district/township office proof.) Description : _____				
Applicant's Signature (person seal)			Tel	Student :	
				Parent :	
Mailing Address	□□□				
Required Documents	<input type="checkbox"/> Diagnosis made by public, local, or larger hospitals <input type="checkbox"/> Document provided by the district or township offices <input type="checkbox"/> Parents Agreement <input type="checkbox"/> A registered prepaid envelope with the name and address of the receiver. (<input type="checkbox"/> not required if the student can collect the certificate of student status in person.) <input type="checkbox"/> A photocopy of graduation certificate				
Notes	1. Students are required to apply for the reservation with Parents Agreement and relevant documents to the Registrar Section before the deadline of registration. 2. Students who are informed of disapproval should enroll by the deadline.				
Ratified by	Clerk	Office of International & Cross-Strait Affairs / Student Campus Life Guidance Section	Advisor	Department Chair (Institute Director)	
	College Dean	Counseling & Guidance Section	Health Section	Section Chief of Registration Section	
	Deputy Dean of Academic Affairs	Dean of Academic Affairs	Office of Secretariat	Ratification	

※Please sign your name and write down the date.

It should be kept for 5 years

Parents Agreement

Reasons (stated as follows):

To I-Shou University

Student's Parents :

(Signature with personal seal)

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