

Application Form of Forced Withdrawal, I-Shou University

Date : (YY/MM/DD)

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Student ID		Name		Tel	本人 Student : 家長 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"/> The obtained credits are below one third of the total credits for two successive semesters. <input type="checkbox"/> The students do not obtain enough credits by the end of the maximum study period. <input type="checkbox"/> The student did not enroll when the suspension of studies ended. <input type="checkbox"/> The Student did not register. <input type="checkbox"/> Other _____.				
Mailing Address	□□□				
Withdrawal Semester	_____學年度/Academic Year 第_____學期/Semester				
Required Documents	<input type="checkbox"/> Declaration(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	Students who has completed one semester and got credits will be conferred the Certificate of Study Incompletion after the withdrawal procedure is done.				
Ratified by	Clerk	Director of Registrar Section	Deputy Dean of Academic Affairs		
Approval/ Disapproval					

It should be kept for 5 years

Leaving School Procedures

Office	Signature	注意事項： Notes:	
General Affairs Section (1st floor of Administration Building)		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)			
Students' Advisors Section (1st floor of Administration Building)	Student Loan		
	Perquisites		
	Dorm Manager		
Cashier Section (1st floor of Administration Building)			

I-SHOU UNIVERSITY

Declaration

I, _____ (Student No.: _____), a student of the Department of _____, do fully understand that my iPass student ID card will become an anonymous general card after I have withdrawn from the University / I have been expelled from the University, and, therefore, no report of loss or claim for refund after loss is available, and this card can no longer be used as proof of student status.

To

Registration Section, Office of Academic Affairs

Signature:

Address:

Date: / / (y/m/d)