

Application for Withdrawal of study, I-Shou University

Date : / / (YY/MM/DD)

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Student ID		Name		Date of Birth	/ / (Y/M/D)
College & Dept.	College		<input type="checkbox"/> Ph.D. Program: ____ -grade <input type="checkbox"/> Master Program: ____ -grade Dept. <input type="checkbox"/> Undergraduate: ____ -grade Class ____		
Reason	<input type="checkbox"/> Lack of interest. <input type="checkbox"/> I am transferring to another school; school name _____ <input type="checkbox"/> Other reason _____.				
Applicant's Signature (personal seal)			Tel	Applicant : Parent :	
Mailing Address	□□□				
Withdrawal Semester	_____ Semester, Academic Year _____				
Required Documents	<input type="checkbox"/> Parents Agreement <input type="checkbox"/> Declaration (Student ID Card) <input type="checkbox"/> A registered prepaid envelope with the name and address of the receiver. (□not required if taking the certificate of incompleteness in person.)				
Notes	1. Effective date: the day when the leaving school procedures form is completed and returned to the clerk of the Registrar Section. 2. 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. 3. Students who complete one semester and get credits will be conferred the certificate of incompleteness after the withdrawal is approved.				
Ratified by	Clerk	International and Cross-Strait Affairs	Supervisor	Thesis advisor (for graduate students only)	
	Chairperson of the Department	Dean of the College	Director of Registrar Section	Deputy Dean of Academic Affairs	
	④	⑤	⑥		
Approval/Disapproval					

※Please sign your name and write down the date

Parents Agreement

Reasons (stated as follows):

To I-Shou University

Student's Parents :

(Signature with personal seal)

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

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of _____, do fully understand that my iPass student ID card will become an anonymous general card after I have withdrawn from the University / I have been expelled from the University, and, therefore, no report of loss or claim for refund after loss is available, and this card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)

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
☐ Financial stress
☐ Military service
☐ Transfer to a private school
☐ Unable to complete the thesis/dissertation on time
☐ Overseas study
☐ Taking exams held by the government
☐ Being pregnant, giving birth or nurturing a child(ren) under the age of 3

☐ Major and interest not matched
☐ Poor health
☐ Transfer to a school near home
☐ Re-taking an entrance exam
☐ Seeking employment

☐ Maladaption
☐ Relationship
☐ Transfer to a public school

External Factors:

☐ Curriculum not meet my needs
☐ Inactive interaction between teachers and students
☐ Inactive interaction among peers
☐ International students return to the motherland to study
☐ Being appointed to another place to work
☐ Taking care of the family

☐ Poor teaching resources
☐ No scholarship provided
☐ Being busy with work

☐ Others: please specify briefly: _____

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

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

Advisor's Signature :

Leaving Procedures for Suspension/Withdrawal of Study I-Shou University

一、_____Dept. _____Grade Name _____ Student ID _____

☐ suspension of study

Applying for

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	<input type="checkbox"/> Participates in the student insurance <input type="checkbox"/> Does not participate in the student insurance
	Student Loans	<input type="checkbox"/> Students applying for loans <input type="checkbox"/> Students rescinding the loans <input type="checkbox"/> Students who want to continue the loans and have signed the deposition <input type="checkbox"/> 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 <input type="checkbox"/> General student <input type="checkbox"/> Student with student loan <input type="checkbox"/> Student with reduction or exemption of the tuition and other required fees Student Campus Life Guidance Section:
Student No.		Name		
Items and Amount				<input type="checkbox"/> Having not registered yet <input type="checkbox"/> Having registered before the first day of school <input type="checkbox"/> Handling fee (5%) required before the deadline of filling vacancies by waitlisted candidates (Deadline:) <input type="checkbox"/> Not over one-third of the semester <input type="checkbox"/> Between one-third and two-thirds of the semester <input type="checkbox"/> 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

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.

Cashier Section