

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.	
Purpose of Request			
Data Requested	<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): _____		
Signatures of the Applying Unit			
Applicant		Head of the Unit	
Notes: 1. Please file an application at least one week prior to the date of use. 2. The requested data must not be used for unintended purposes. Please safekeep the data pursuant to the Personal Information Protection Act. 3. The file format of the requested data is subject to that of original data.			
Staffer-in-charge	Section Chief	Dean	
Signature of the Staffer-in-charge:			