

高雄醫學大學學生復學申請書

Kaohsiung Medical University Application Form for Re-Enrolling

姓名 Name		系所 Department	
學號 Student ID#		組別 Group	
手機 Mobile Phone		常用 Email	
申請人 Contact Information	家長(Guardian) : 住址(Address) : 電話(Phone Number) : 申請日期(Beginning Date of leave)(dd/mm/yyyy) :		
休學之學年、學期 Suspension Semester/Year	_____學年度第_____學期 _____semester, Academic Year_____		
復學後之學年、學期 Re-Enroll for	_____學年度第_____學期 _____semester, Academic Year_____		
For Authorized Officials Only			
導師/指導教授	系主任/所長	註冊課務組/研教組 組長	教務長
學籍承辦人登錄簽章	學務處學生輔導組承辦人員	學務處兵役緩徵承辦人員	
		(限男性)	
注 意 事 項			
一、保留入學資格申請入學學生，依照新生入學注意事項辦理。 二、復學學生為申請緩征、緩召應向學務處呈繳書)。 三、因病休學者，申請復學時必須繳交醫院痊癒證明文件。 1. Deferral enrolment student should meet all the regulations and obligations for freshmen students. 2 Male Re-enrolment students should visit Office of Student Affairs for Apply for deferral of military service. 3. Students approved of temporary suspension for personal medical issue, should submit the medical certificate along with the re-enrolling application form. 4. <u>Students applying for re-enrolling, should meet all the regulations and deadlines, otherwise it will result in revocation of admission.</u>			