

高雄醫學大學保留入學資格申請書
Kaohsiung Medical University Request for Deferral Admission Form

申請人姓名 Full Name		系所 Program	
學號 Student ID #			
事由 Reason for Deferral			
期間 Year	Academic Year _____ to _____ (1 year)		
聯絡資料 Contact Information	家長(Guardian) : 地址(Address) : 電話(Phone Number) :		
注意事項			
新生符合下列資格者，得辦理保留入學資格，並以一年為限。 一、因病須長期休養，且在短期內無法恢復者;須檢附公立醫院或教學醫院之住院證明書。 二、依法應徵召服兵役者。 三、學生因懷孕、分娩或撫育三歲以下子女並持有證明書者。 四、因不可抗力所致之特殊事故，而無法在該學期開學時入學者。 Freshman to request deferred admission to Kaohsiung Medical University for <u>one year</u>, you will have to meet <u>one</u> of the following requirements and provide valid documents as an attachment. 1. Critical illness. 2. Military service. 3. Pregnancy or raising children under 3 years old. 4. Unpredictable reasons cause disruptive event. 我了解並同意上述申請保留入學資格相關規定，如有違反規定或未能於保留入學期滿時辦理註冊手續，將會喪失入學資格。 I understand and agree to the requirement of the Kaohsiung Medical University Deferred admission requirements. I understand the failure to meet the requirement and the deadlines of deferred admission will result in my revocation of admissions.			
簽名(Signature): _____		日期(Date): _____	
For Authorized Officials Only			
系主任 /所長	兵役緩徵人員	註冊課務組/研教組	教務長

保存期限：1 年

Generally, a deferral request for fall term will be confirmed within 2 – 4 weeks from receipt of complete request.