**Kaohsiung Medical University**

**Application Form for Deferred Payment of Tuition and Miscellaneous Fees**

I am \_\_\_\_\_\_\_\_\_\_\_\_\_ who is currently studying in Kaohsiung Medical University, department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year \_\_\_\_\_\_\_ students.

Due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I was unable to pay the tuition and miscellaneous fees within the stipulated date (year \_\_\_\_ month \_\_\_\_ day \_\_\_\_\_). I will settle the payment by year \_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_. Otherwise, according to the rules and regulation of KMU, I will be expelled from the university. (For those who intend to defer their payment for more than a week from the stipulated date, please submit the proof for verification (e.g. family has suffered from a serious incident).

Student ID:

Student’s Signature:

Guardian’s Signature:

Application Date:

Signature/Seal by Chair of Department:

Signature/Seal by Dean of College:

Office of Academic Affairs: