

高雄醫學大學學生抵免學分申請表

Application for Credit Transfer and Exemption

學年度 (Academic Year)

學系 Department		學號 Student ID	
姓名 Name		聯絡電話/電子郵件 Phone/Email	

身分別 (請勾選)

<input type="checkbox"/> 跨校轉系所生 Interdepartmental Transfer	<input type="checkbox"/> 碩士在職專班研究生 Graduate students enrolled in in-service master's programs
<input type="checkbox"/> 轉學生 Intercollegiate Transfer	<input type="checkbox"/> 經本校核准修讀雙聯學制，修習之科目學分持有證明者 Students approved by the University to pursue a dual/joint degree program, holding proof of credits earned
<input type="checkbox"/> 新生 (含重考或重新申請入學者) New students (including those admitted through re-examination or re-application)	<input type="checkbox"/> 海外中五學制畢 (結) 業生，以同等學力資格入學之新生 Graduates of overseas Form 5 (five-year secondary education) programs admitted with equivalent academic qualification
<input type="checkbox"/> 依照法令規定准許先修讀學分後考取修讀學位者 Students admitted under regulations permitting credit-bearing enrollment prior to degree admission	<input type="checkbox"/> 校內轉系所生 (未於新生入學當學期提出該學分抵免者) Intra-university transfer students (who did not apply for credit transfer in the semester of admission as freshmen)

已修及格科目、學分、成績 Previously Completed and Passed Course(s), Credits, and Grades (For courses not taken at KMU, please indicate the institution)			申請抵免科目 Course(s) Applied for Credit Transfer/Exemption			系所審查意見 Department/Institute Review Comments		
必選 修別 Required/ Elective	科目名稱 Course Title	學分 Credit	必選 修別 Required/ Elective	科目名稱 Course Title	學分 Credit	同意 抵免 Approved for Credit Transfer	同意免修 但須改/補修他課補足此學分 Approved for Course Exemption (subject to substitution/completion of other courses to fulfill the required credits)	不 同意抵免 Not Approved for Credit Transfer/Exemption
							應改/補修科目名稱 Title of Substitute/Make-up Course	

申請人簽名 Signature	系主任核章 Department Chair	院長核章 Dean	註冊課務組 Registration and Curriculum Division
本人已詳閱相關規定，並確認所填各項資料無誤。 I have read the relevant regulations and confirm that the information provided is correct. 日期 Date : 年 Year 月 Month 日 Day	共核准抵免 學分 Total Credits Approved for Exemption : _____		

個人資料收集告知內容 Personal Data Collection Notice

高雄醫學大學為協助新生或轉學生辦理入學申請學分抵免相關作業之目的，須蒐集您的姓名、電話及原就讀學校之成績單等個人資料(辨識類：C001 辨識個人者、C051 學校記錄、C052 資格或技術、C057 學生(員)、應考人記錄)，作為抵免學分申請作業審核及聯繫，個人資料將保存至申請人離校(需依實際狀況調整)。本校於蒐集您的個人資料時，如有欄位未填寫及資料未備妥，則可能對您的抵免學分申請作業有所影響。如欲行使其他個人資料保護法第3條的當事人權利，請洽本校教務處註冊課務組。
Kaohsiung Medical University collects and processes personal data (e.g., name, contact, transcripts) solely for credit transfer application review and contact purposes, retained until graduation or withdrawal.

114.09.10 版

保存期限：至該生畢業

QP-07-18-01-22

高雄醫學大學學生提高編級申請表

KMU Application Form for Grade Skipping

重要注意事項:本申請表應於辦理學分抵免時一併提出

NOTE: This Form should be submitted along with the application for the credit transfer

申請日期 Date (YYYY/MM/DD): _____

姓名 Name		學系 Department	
學號 Student ID No.		電話 Phone No	
入學年級 Grade		申請年級 Apply for	<input type="checkbox"/> 轉編入二年級 Skipping to Second Grade <input type="checkbox"/> 轉編入三年級 Skipping to Third Grade

依據本校學生抵免學分辦法第3條第2項規定: 提高編級應於入學當學期加、退選日期截止前項學系提出申請, 以一次為限。經教務長審核通過後於當學期提高編級, 經核准者, 不得再行申請變更或撤銷
I am fully aware that once the application is granted, it shall not be amended nor revoked

簽名 Signiture: _____

學系審核 Status Review by Department		教務處審核 Status Review by Office of Academic Affairs.		
抵免學分審核: (擇一審核) <input type="checkbox"/> 可列計本學系必修學分數共: _____ 學分 <input type="checkbox"/> 已達 _____ 年級所有必修學分數		符合申請提高編級身份審核: <input type="checkbox"/> 符合學生辦理學分抵免辦法第3條規定 <input type="checkbox"/> 不符合學生辦理學分抵免辦法第3條規定		
是否同意提高編級審核: <input type="checkbox"/> 同意該生提高編級至 _____ 年級 Application Granted <input type="checkbox"/> 不同意該生提高編級至 _____ 年級 Application Denied				
系主任核章 Director of Department	院長核章 Dean of College	Division of Registration and Curriculum		
		註冊課務組 承辦人	註冊課務組 組長	教務長

個資蒐集告知 Notification for Personal Information Collection

高雄醫學大學為協助新生辦理提高編級作業之目的, 必須蒐集您的姓名、電話等個人資料(辨識類:C001 辨識個人者), 作為申請作業之連繫, 個人資料將保存至申請人離校。本校於蒐集您的個資時, 如有欄位未填寫, 則可能對您的申請作業有所影響。如欲行使個人資料保護法第3條的當事人權利, 請洽本校教務處。

Considering confidentiality of the collection of your personal information, in respect to the Personal Information Protection Act (the "Act"), KMU shall clearly inform you your personal information (name and telephone number) will be collected for the applying the grade skipping. According to Article 3 of the Act, you may exercise your rights to not provide for personal information, However, KMU might not be able to provide you the further service for applying for grade skipping. To exercise your right, please contact Office of Academic Affairs.

本人已詳閱上列告知事項並完全明瞭其內容:

簽名: _____

I have read and fully understand the information provided above

signature