高雄醫學大學課程超修申請書

Application for Course Overload

申請日期: 年/Year 月/Month 日 Day

| 學系 Department | 學號 Student ID |
|---|--|
| 姓名 Name | 手機或電子郵件 Phone or Email |
| 一、申請超修之資格與流程 Eligibility and Procedures for Course Overload Application: 符合下列情形條件之一者, <u>經系主任核准後得申請加修課程,至多以二門為限</u> 。 Students who meet any one of the following conditions may apply for additional courses, subject to the approval of the Department Chair. The maximum number of additional courses permitted is two. | |
| department and you 應檢附資料:前一 | 均成績 80 分以上。Ranked within the top ten percent of students in the same ear level in the previous semester. 學期成績單 t: Official transcript of the previous semester. |
| students in the same 應檢附資料:前一 | 該學系該年級學生人數前百分之十以內。The student ranks within the top 10% of e department and year level. 李期成績單(含名次) t: Official transcript of the previous semester (including class ranking). |
| □ 3. 修讀雙主修。Do | uble Major |
| □ 4. 修讀學分學程學生。Interdisciplinary program | |
| 5. 通過本校各系所甄選之預研生。Pre-graduate student admitted through the departmental or graduate institute selection process | |
| □ 6. 轉系生。Interdepartmental Transfer | |
| □ 7. 轉學生。Intercollegiate Transfer | |
| 二、 欲加選之課程 Course(s)to be Added: | |
| 開課序號 Serial Number | |
| 開課系別 Department | |
| 科目名稱 Course Title | |
| 選/必修/通識 Elective/Required/General E | ducation |
| 學分數 Credits | |
| 主負責教師簽章 Instructor Signatur | |
| 系主任簽章 Department Chair | 教務處 Office of Academic Affairs |
| 個資收集告知內窓 Personal Data Collection Notice | |

高雄醫學大學為協助學生辦理超修申請相關作業之目的,須蒐集您的姓名、學號及成績單 (辨識類: C001 辨識個人者、C057 學生 (員)、應考人紀錄),作為超修審核期間及台灣地區內進行聯繫。個人資料將保存 6 個月 (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,則可能對您的超修申請作業有所影響。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。

For overload applications, the University will collect your name, student ID, and transcript, retained for six months. Incomplete data may affect processing. To exercise rights under the Personal Data Protection Act, contact the Registration and Curriculum Section.