

**Kaohsiung Medical University 高雄醫學大學學生休退學申請書**  
**Application Form for  休學 suspension  退學 termination of studies of Schooling**

Date : (mm-dd-yyyy)

姓名 Name		學系 Department/Program	<input type="checkbox"/> 學士班 Bachelor <input type="checkbox"/> 二年制在職專班 Two-year in-service <input type="checkbox"/> 碩士班 Master <input type="checkbox"/> 碩專班 Master in-service <input type="checkbox"/> 博士班 Doctor _____ 學系 department _____ 年級 grade		
學號 Student ID.					
地址 Address					
E-mail		電話 Phone			
休/退學原因 Reasons+ <input type="checkbox"/> 出國進修 study abroad <input type="checkbox"/> 志趣不合 Incompatible interest <input type="checkbox"/> 學業成績 Cause of academic grading <input type="checkbox"/> 工作因素 Occupational reasons <input type="checkbox"/> 懷孕 pregnancy <input type="checkbox"/> 撫育幼兒 child care <input type="checkbox"/> 因病 Medical issue <input type="checkbox"/> 經濟因素 financial reasons <input type="checkbox"/> 家庭因素 family factors <input type="checkbox"/> 服兵役 military service <input type="checkbox"/> 論文撰寫 Thesis writing/research <input type="checkbox"/> 教育部青年教育就業儲蓄帳戶方案 join the Ministry of Education Youth Education and Employment Savings Account Program <input type="checkbox"/> 適應不良 maladaptation <input type="checkbox"/> 家人傷病 injury / disease of family member <input type="checkbox"/> 考試訓練 exam preparation and training <input type="checkbox"/> 重考 re-examine (校名 name of school: _____ 年級 grade: _____ 學系 department: _____ ) <input type="checkbox"/> 轉學 transfer to other school (校名 name of school: _____ 年級 grade: _____ 學系 department: _____ ) <input type="checkbox"/> 其他 others (請詳述原因 Please list specific reasons: _____ )					
休學期間 Period of Suspension	自 _____ 學年度第 _____ 學期起至 _____ 學年度第 _____ 學期止，共 _____ 學期 From the _____ semester of the academic year _____ until the _____ semester of the academic year _____				
是否曾辦理休學 Have you applied for suspension before	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes : 自 _____ 學年度第 _____ 學期起至 _____ 學年度第 _____ 學期止，共 _____ 學期 From the _____ semester of the academic year _____ until the _____ semester of the academic year _____				
家長/法定代理人同意簽章 Signature of approval of parent or guardian : (Undergraduate Student Only )		家長/法定代理人同意簽章 Signature: 日期 Date:			
學系承辦人 Department Office	導師/指導教授 Mentor	系主任/所長 Director of Department	院長 Dean of Department	國際事務處 Office of International Affairs	
				外籍生 International students	
圖書館 Library and Information Service	會計室 Office of Accounting	教務處承辦人 Office of Academic Affairs	註冊課務組組長 Division of Registration and Curriculum	教務長 Dean of Academic Affairs	
		<input type="checkbox"/> 該生休學累計滿 _____ 年 <input type="checkbox"/> 該生休學累計滿 2 年，且已延長休學 _____ 年			
學務處 Office of Student Affairs					
兵役 Military Service (男性 Native student only)	學雜費減免 Tuition Fees Waiver (Native student only)	助學貸款 Student Loans (Native student only)	研究生獎助學金 Graduate Student Scholarship	宿舍業務 Dormitory Affairs	
衛生保健組 Division of Health Service	生活輔導組 Student Assistance	總務處 Office of General Affairs			
		事務組 General Services	保管組 Property Management	出納組 Cashier	
	限僑生 overseas student only				
副校長 Senior Vice President			校長 President		