Kaoshiung Medical University

Application Form for Adding/Dropping of Modules

Application Date:____ Year_____ Month_____ Day

Name		Student ID	
Department/Year		Contact Number	
Total Credits Before Adding/Dropping		Total Credits After Adding/Dropping	

Modules			
Adding/Dropping	□Add □Drop	□Add □Drop	□Add □Drop
Serial Number of Module			
Reason for Adding/Dropping the Module			
Teacher In charge's Review	□Approved □Not approved Reason:_____ _____	□Approved □Not approved Reason:_____ _____	□Approved □Not approved Reason:_____ _____
Stamp by Teacher In			

Charge			

Review Column

Head Of Department	Division of Course Registration/ Graduate Student Academic Affairs		Head of Office of Academic Affairs
	Organizer	Headman	

Remarks: There will be strictly no adding of general education modules due to the limitation of quota.