

Kaohsiung Medical University

Change of Major

Academic Year _____

Please note that students interested in applying for major change should submit your application by our admission website. This form is for reference.

Apply Date (dd/mm/yyyy) :

serial number:			
Name		Student ID #	
Date of Birth		Gender	
Mailing Address			
Mobile Phone		Phone Number	
Current Department		Grade	
I want to change my major to :	First Priority	Department of _____	
	Second Priority	Department of _____	
<p>1. Each student has only ONE opportunity to Change the major. When apply for the major Change, each student enable to submit two departments that are interested in. However, as the application summated, we do not accept any request or for change the content.</p> <p>2. Student approved to change their major shall not request to return to previous department.</p> <p>3. Students who meet any of the conditions COULD NOT submit the application of major change:</p> <p>(1) Enrolled as full-time student less than one academic year</p> <p>(2) Student who had already approved to change the major before.</p> <p>(3) Student who had approved to the length of schooling extension.</p> <p>(4) Student who is under the “Temporary Suspension”</p> <p>(5) Student of On-the-Job undergraduate Program.</p> <p>(6) 學校推薦入學學生，視情況特殊經教務會議通過者不在此限。(Taiwanese Students only)</p>			
Signature: _____			
(Student)		(Parent/ Guardian)	
For Authorized Officials Only			
報名審核程序	初審事項(考生勿填)		報考資格複審結果(考生勿填)
	<input type="checkbox"/> 學生證影印本 <input type="checkbox"/> 歷年成績單 <input type="checkbox"/> 書審資料(各學系規定)		<input type="checkbox"/> 符合 <input type="checkbox"/> 不符合
	初審： <input type="checkbox"/> 符合 <input type="checkbox"/> 不符合		
	學系審核人簽章：		學系核定人簽章：