

高雄醫學大學雙主修/輔系資格取消申請書

Kaohsiung Medical University Cancellation of Minor or Double Major

姓名 Name		學號 Student ID#	
聯絡資料 Contact Information	地址 (Mailing Address) □□□□□□ <hr/> 連絡電話(Phone Number)		
請勾選下列所要申請的服務 Please check one of the following box			
<input type="checkbox"/> 取消本人於_____學系之輔系資格 Please cancel my Minor in _____ (Department)			
<input type="checkbox"/> 取消本人於_____學系之雙主修資格 Please cancel my Double major in _____ (Department)			
原因(必填) Reason (Required)			
注意事項: 學生提出取消輔系或雙主修申請者，一經核准即喪失其輔系或雙主修之資格，且不得要求撤回申請。 Students Sign and submit this form to cancel a minor or double major shall not ask to revoke the cancellation once the application has been approved.			
學生簽名: _____ (Student Signature)		家長/監護人簽名: _____ (Parent/Guardian Signature)	
申請日期 Date (dd/mm/yyyy): _____			
For Authorized Officials Only			
系主任 Director of Department		Office of Academic Affairs	
原就讀學系主任 Major Department	輔系或雙主修學系主任 Minor or Double Major Department	註冊課務組	教務長