

**Kaohsiung Medical University**  
**Graduating and Leaving Procedure**  
 Academic Year \_\_\_\_\_

Department/Program	Department/Program:		Group:	
Name				
Student ID#		Beginning date of leave (dd/mm/yyyy)		
Permanent address	□□□□□			
Mailing address	□□□□□			
Telephone number	Number at permanent address : _____ Number at mailing address : _____ Mobile phone : _____			
<b>University Administrative Divisions</b>				
<b>Office of Student Affairs</b>		<b>Office of General Affairs</b>		
<b>Tuition Remission</b> (Withdrawing Student Only)		<b>Division of General Affairs</b>		
<b>Scholarships and Financial Aid</b> (Graduating Student Only)		<b>Division of Custody</b>		
<b>Division of Health Service</b>		<b>Division of Cashier</b>		
<b>Career Development Center</b> (Graduating Student Only)		<b>Office of Library and Information Service</b>		
<b>Division of Overseas Student Counseling</b> (International Students and Oversea Chinese Students Only)		<b>Division of Reader's Service</b>		
© Please note that students graduating and withdrawing, should complete this form and submit to Office of Academic Affairs		<b>Division of Digital Resource</b> (Graduating Postgraduate Students Only)		