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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ukn_logo**University of Kang Ning**  **Application Form for Department Transfer** | | | | | | | □Graduate Institute □4-y College □5-y Junior College | | | | | | | 學　號  Student ID No. |  | 姓　名  Name |  | 性　別  Sex |  | | 手　機  Telephone No. |  | | | | | | 原修學系/  年 級  Original Department /Grade |  | 申請轉入學系/年級  Intended Department /Grade |  | | | | 申請轉系原因  Reasons for transfer to the intended department |  | | | | | | 審  查  程  序  Review Procedures | 1 | | 2 | | | | 申請學生簽章  Applicant’s Signature | | 家長或監護人同意簽章  Parent’s Signature | | | |  | |  | | | | 3 | | 4 | | | | 導師簽名  Advisor’s Signature | | 學生輔導中心  Student Counseling Center | | | |  | |  | | | | 5 | | 6 | | | | 原修學系(科)主任意見  Current Department Chair | | 轉入學系(科)審查委員會審查意見  Review fo Department Committee and  Intended Department Chair’s Signature | | | |  | | □合格approve\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □不合格disapprove  轉入學系系主任簽章  (Signature of Intended Department Chair) | | | | 7 | | 8 | | | | 註冊組審核  Registration Section | | 教務長決行  Dean of Academic Affairs | | | |  | |  | | |   備註(Note)：  1.學生轉科組，以一次為限，且須修滿轉入科規定科目及學分及符合轉入科畢業門檻，方得畢業。  Student’s application can be submitted for only once. The applicant is required to complete all courses and credits regulated by the intended department and meet the requirements of graduation threshold.  2.請將本表(須完成1~5項之簽章)於規定期限內連同輔導紀錄及相關備審文件繳交至註冊組，逾期不予受理。  Please complete this form (1-5 require signature) and submit it to the registration section with counseling records and related documents within the regulated time. It will not be accepted if exceeding the application time.  QP021A4 |