



Application Form for Department Transfer

<input type="checkbox"/> Graduate Institute <input type="checkbox"/> 4-y College <input type="checkbox"/> 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		
			<input type="checkbox"/> 合格 approve _____ <input type="checkbox"/> 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.