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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 |