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| **Cancellation of Department Transfer Application Form** |

 Application Date (YYYY/MM/DD)：

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| Student ID No. |  | Name |  | Cellphone |  |
| Original Dept./Grade | (Department) (Grade) |
| Degree | □PH.D □Master □Bachelor □Others  |
| Intended Department | Effective：Semester Academic Year Degree：□PH.D □Master □Bachelor □Others Department：Grade：□1 □2 □3 □4  |
| Reasons |  |

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| **From Intended Department** |
| Signature from Dean of Intended Department |  |
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| **From Original Department** |
| Signature from Teacher of Original Department |  |
| Signature fromDean of Original Department |  |
|  |
| Signature from Registration Section |  |

Precautions：

1. Students can revoke the Department Transfer application within 3 days after result announcement.
2. Application procedure：Fill in this application form → Signature from Intended Department → Signature from Original Department → Signature from the Registration Section