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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 |  |
|  | |
| **From Original Department** | |
| Signature from Teacher of Original Department |  |
| Signature from  Dean 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