

國立嘉義大學休學申請表
National Chiayi University
Application for Suspension of Studies

Name		Gender		Date of Birth (dd/mm/yyyy)		Student ID No.		
Department/ Graduate Institute				Forwarding Address				
Reason for Suspension				Period of Suspension		From _____ (semester) _____ (academic year) To _____ (semester) _____ (academic year)		
Stamps	Student's signature		Advisor		Department		College	
	Library		Student Affairs Office				Office of General Affairs (Cashier Division)	
			Division of Life Guidance &		Division of Overseas Chinese and Foreign Students' Affairs			
	Division of Registration		Dean of Office of Academic Affairs					
<p>Notes :</p> <p>1. Please obtain stamps from the above departments and send this application form together with the student ID to the Division of Registration .</p> <p>2. Applicants requiring certificate of study should fill out another appropriate application form.</p>								