

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		Office of International Affairs			Office of General Affairs (Cashier Division)		
	Office of Academic Affairs							
	Division of Registrar and Director of Curriculum				Dean			
Notes :								
1. Please obtain stamps from the above departments and send this application form together with the student ID to the Division of Registration .								
2. Applicants requiring certificate of study should fill out another appropriate application form.								