

# I-SHOU UNIVERSITY

## Application Form for Suspension of Studies

Filling Date:        /        /        (y/m/d)

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Student No.		Name		Signature / Seal	
College, Program & Class	College: Dept. (Institute):	<input type="checkbox"/> Undergraduate: Class _____ of Year _____	Contact Phone No.	Applicant:	
		<input type="checkbox"/> PhD: Year _____ <input type="checkbox"/> Master: Year _____		Parent:	
Reason for Suspension	<input type="checkbox"/> Illness (a certificate issued by a doctor is required) <input type="checkbox"/> Work <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Extension for graduation (for taking courses in the second semester) <input type="checkbox"/> A lack of interest <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Compulsory military service <input type="checkbox"/> Pregnancy <input type="checkbox"/> Childcare <input type="checkbox"/> Others; please specify: _____				
Mailing Address	□□□□				
Duration/Date (For official use only)	From the _____ semester of Academic Year _____ to the _____ semester of Academic Year _____; _____ semester(s) granted for this application; a total of _____ semester(s) granted so far				
Documents to Be Submitted	<input type="checkbox"/> a certificate issued by a doctor or <input type="checkbox"/> a certificate issued by a township/city/district office <input type="checkbox"/> a signed parental consent <input type="checkbox"/> a registered self-addressed stamped envelope ( <input type="checkbox"/> not required if the certificate of suspension of studies will be collected in person)				
Notes	<ol style="list-style-type: none"> <li>Effective date: the date on which an applicant completes the check-out procedure and returns the check-out form to the staffer-in-charge of the Registration Section.</li> <li>Refund: After an application has been granted, the starting date for the calculation of refund will be the date on which the application is submitted to the staffer-in-charge of the Registration Section.</li> <li>Applications for suspension of studies will be accepted until the beginning of the final exam week.</li> <li>Students who have completed the application process before the registration day are not required to pay the tuition and other required fees. Students in the period of suspension of studies may apply to the Student Campus Life Guidance Section for taking out the Student Group Insurance.</li> <li>The period of suspension of studies will not be counted as part of the prescribed duration of study. Undergraduate students must study for four full years (eight semesters) as stipulated by the Academic Rules of I-Shou University.</li> </ol>				
Approval	Staffer-in-charge	Office of International & Cross-Strait Affairs / Student Campus Life Guidance Section		Advisor	
		Required if the applicant is not of R.O.C. nationality		Please fill out a counseling record	
	Supervisor (only for postgraduates)	Department Chair (Institute Director)		College Dean	
	Counseling & Guidance Section	Health Section		Section Chief of Registration Section	
	Deputy Dean of Academic Affairs	Dean of Academic Affairs		Office of Secretariat	
Ratification					

※ Please sign (or stamp) on this application form and write down the date of signing.

# Parents Agreement

Reasons (stated as follows):

To I-Shou University

Student's Parents :

( Signature with personal seal )

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Y/M/D)

**Counseling Record for Students' Application for Suspension/Withdrawal**  
**I-Shou University \_\_\_\_\_ Academic Year \_\_\_\_\_ Semester**

Dept.& Class :	Student's Name :	Student No. :
Counseling Date & Time : Date:     年/Y     月/M     日/D Time:   ____(H):____(M)~____(H):____(M)		Location :
<b>Reasons for suspension/withdrawal :</b> (please tick the appropriate boxes)		
Personal Factors:		
<input type="checkbox"/> Academic pressure	<input type="checkbox"/> Major and interest not matched	<input type="checkbox"/> Maladaption
<input type="checkbox"/> Financial stress	<input type="checkbox"/> Poor health	<input type="checkbox"/> Relationship
<input type="checkbox"/> Military service	<input type="checkbox"/> Transfer to a school near home	<input type="checkbox"/> Transfer to a public school
<input type="checkbox"/> Transfer to a private school	<input type="checkbox"/> Re-taking an entrance exam	
<input type="checkbox"/> Unable to complete the thesis/dissertation on time		
<input type="checkbox"/> Overseas study	<input type="checkbox"/> Seeking employment	
<input type="checkbox"/> Taking exams held by the government		
<input type="checkbox"/> Being pregnant, giving birth or nurturing a child(ren) under the age of 3		
External Factors:		
<input type="checkbox"/> Curriculum not meet my needs	<input type="checkbox"/> Poor teaching resources	
<input type="checkbox"/> Inactive interaction between teachers and students		
<input type="checkbox"/> Inactive interaction among peers	<input type="checkbox"/> No scholarship provided	
<input type="checkbox"/> International students return to the motherland to study		
<input type="checkbox"/> Being appointed to another place to work	<input type="checkbox"/> Being busy with work	
<input type="checkbox"/> Taking care of the family		
<input type="checkbox"/> Others: please specify briefly:_____		
<b>Counseling Content :</b> (Please describe the student's recent performance.)		

(Please submit this counseling record within two days of receipt.)

Advisor's Signature : \_\_\_\_\_

# Leaving Procedures for Suspension/Withdrawal of Study

## I-Shou University

一、 \_\_\_\_\_ Dept. \_\_\_\_\_ Grade Name \_\_\_\_\_  
 Student ID \_\_\_\_\_

Applying for  suspension of study leaving procedures  
 withdrawal of study

二、 To staff: On receiving this form, please do not sign if the students leave anything undone, such as unpaid fees or unreturned items.

Please have the names signed in sequence.

Office	Signature
General Affairs Section (1 <sup>st</sup> floor of Administration Building)	
Library (2 <sup>nd</sup> floor of Technology Building)	
Students' Advisors Section (1 <sup>st</sup> floor of Administration Building)	Student Housing
	Student Insurance
	Student Loans
Cashier Section (1 <sup>st</sup> floor of Administration Building)	

※Please sign your names and write down the date.

三、 This form, signed by the offices,

is to be submitted to the Registrar Section, Office of Academic Affairs for reference.

四、 Those who apply for the suspension of studies should go through the leaving procedures after their application is accepted.

# I-SHOU UNIVERSITY

## Application Form for Tuition Refund Due to Suspension of Schooling Withdrawal from the University in Academic Year 20YY (For daytime undergraduate and postgraduate students)

Application Date: 20YY / MM / DD

Dept.		Grade Level & Class		Remarks
				<input type="checkbox"/> General student <input type="checkbox"/> Student with student loan <input type="checkbox"/> Student with reduction or exemption of the tuition and other required fees
Student No.		Name		Student Campus Life Guidance Section:
Items and Amount				
Tuition		Prepaid Tuition & Other Required Fees		<input type="checkbox"/> Having not registered yet <input type="checkbox"/> Having registered before the first day of school <input type="checkbox"/> Handling fee (5%) required before the deadline of filling vacancies by waitlisted candidates (Deadline: ) <input type="checkbox"/> Not over one-third of the semester <input type="checkbox"/> Between one-third and two-thirds of the semester <input type="checkbox"/> Over two-thirds of the semester
Other Required Fees		Student Loan		
Student Group Insurance		Reduction / Exemption of Tuition & Other Required Fees		
Faculty & Staff Pension				
Computer Lab Fee				
Language Lab Fee				
Credit Fees		<b>Total</b>		
Refund Amount: NT\$				
Mailing Address				
Contact Phone No.			Mobile	

Cashier  
Section

Section  
Chief

Dean of  
Accounting

President