

Chaoyang University of Technology

Application Form for Early Re-entry

Name		Student ID	
Department and Year	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's degree program Department (Institute) Year Section (class)		
Contact address after recommenced	Address: Contact number:		
Deadline for original application	From	semester of	academic year
	To	semester of	academic year
Earlier recommencing time		semester of	academic year
Applicant	Signature from student's parents		Student's signature
	Date:		Date:

All information submitted in this application form shall be handled in accordance with the Personal Information Protection Act and other relevant Chaoyang University of Technology laws and regulations