

朝陽科技大學 學生轉系、所申請表

Chaoyang University of Technology Application for Department Transfer

| | | | |
|---|---|--|---|
| 姓名 Name | | 學號 Student No. | 申請日期 Date (MM/DD/YYYY) |
| <input type="checkbox"/> 日間部 Daytime Division <input type="checkbox"/> 進修部 Evening Division | | <input type="checkbox"/> 本國生 Local Student <input type="checkbox"/> 陸生 Mainland Student | <input type="checkbox"/> 外國學生 Foreign Student <input type="checkbox"/> 僑生、港澳生 Overseas Chinese/Hong Kong/Macau Student |
| 原屬系級(本學期) Current Dept. | <input type="checkbox"/> 四技 Bachelor Program <input type="checkbox"/> 碩士 Master Program | | |
| 志願序 Order of Preference | <input type="checkbox"/> 第一志願 1 st Choice <input type="checkbox"/> 第二志願 2 nd Choice | | |
| 擬轉入系級(下學期) Intended Transfer-in Dept. | <input type="checkbox"/> 四技 Bachelor Program <input type="checkbox"/> 碩士 Master Program | | |
| <input type="checkbox"/> 平轉 Normal Transfer | | <input type="checkbox"/> 自願降轉 Demoting Transfer | |
| 申請原因 Reason(s) for Major Change | | 附繳資料 Documents Attached | |
| | | <input type="checkbox"/> 歷年成績單 Official Transcripts (Not required for Freshman & Transfer) <input type="checkbox"/> 各系(所)規定資料 Required documents from Dept. | |
| 學生簽章 Signature of Applicant | | 電話 Mobile | |
| 家長簽章 Signature of Parent (日間部大學部學生必須家長簽章) Daytime undergraduate students must obtain a parent's signature | | 家長電話 Parent's Mobile | |
| 審核意見 Review by | | | |
| 原屬導師 Current Tutor | <input type="checkbox"/> 同意轉出 Agree <input type="checkbox"/> 不同意轉出 Disagree <input type="checkbox"/> 請學生與學生發展暨特殊教育資源中心面談(T1-106) Student is requested to have an interview with the Student Development and Special Education Resource Center. | | |
| 原屬系主任 Current Dept. Chair | (簽章 Signature) | | |
| 學生發展暨 特殊教育資源中心 Student Development and Special Education Resource Center | (簽章 Signature) | | |
| 檢附轉入學系(所)要求之資料併同申請表送交至教務處註冊組。 Please submit application together with attached documents to the Admissions Section. | | | |
| 轉入系主任 Dept. Chair | <input type="checkbox"/> 通過，無須參考本學期成績，預計編入班級 _____ 班 Approved; current semester grades not required. Class to be assigned _____. <input type="checkbox"/> 須參考本學期成績後，決定是否通過轉系(所)。(成績須達 _____ 分通過) Approval of the transfer will depend on this semester's grades. (Passing Grade: _____) <input type="checkbox"/> 不通過(請務必簡述原因) Not approved. (Reason: _____) | | |
| | (簽章 Signature) | | |
| 註冊組 Admissions Section | <input type="checkbox"/> 符合轉系、所名額及相關規定 Fulfill transfer quota and related regulations. <input type="checkbox"/> 不符合轉系、所資格 Fail to fulfill related transfer regulations. | | |
| 註 Notes | | | |
| 1. 平轉：一年級轉二年級或二年級轉三年級。自願降轉：目前二年級升三年級自願降轉為二年級或三年級升四年級自願降轉為三年級。 <u>Normal Transfer</u> refers to transfer from Year 1 to Year 2 or from Year 2 to Year 3. <u>Demoting Transfer</u> refers to transfer from Year 2 to Year 2 or from Year 3 to Year 3. 2. 學生申請轉系(所)前應深入瞭解擬轉入系(所)課程內容，所修學分及其特性。 Student should understand the course contents, credits, characteristics and transfer requirements of the department they intend to transfer before application. 3. 轉系(所)申請期限依本校行事曆規定期限內提出申請，逾期不予受理。 Applications must be submitted <u>within</u> the deadline specified in the CYUT academic calendar. <u>Late submissions will not be accepted.</u> | | | |