



## Tunghai University Enrollment Application for Expired Deferred Enrollment

Date :     /     /     ( YY/MM/DD )

Student No.		Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Admitted by Department/ Division	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's <input type="checkbox"/> Executive Master <input type="checkbox"/> Extension <input type="checkbox"/> Doctoral _____ Department _____ Division _____ Grade			Enrollment Year/Month	YY/MM /
Original Reasons for Deferring Enrollment					
Period of Original Temporary Withdrawal	Starting from _____ academic year _____ semester till _____ academic year _____ semester. Total : _____ semesters				
Documents Attached	<input type="checkbox"/> Deferred Enrollment Certificate <input type="checkbox"/> Others :				
Mailing Address	□□□□□				
E-mail Address			Contact phone		

Audit Signature	Registrar official	Director of Registrar Office