



Tunghai University Application Form for Early Resumption

Date : / / (YY/MM/DD)

Student No.		Name	
Department/ Grade	<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		
Period of Original Temporary Withdrawal	Starting from _____academic year _____semester till academic year _____ semester . Total : _____ semesters		
Semester of Early Resumption	_____ / _____ Academic Year /Semester		
Reason			
Contact Details	Mailing Address :		
	Contact Phone :		
	E-mail Address :		

Review Comments	Registrar official	Director of registrar office