**家 長 同 意 書（休學）**

**Parent/Guardian Consent Form (Suspension of Study)**

敝子弟(Student) 就讀貴校(currently studying at Tamkang University in the) 系(department) 年級(grade) 班(class)，學號(Student ID No.)： ，欲辦理休學(intends to apply for a leave of absence for)

□一學年(one academic year or) □一學期(one semester)，擬於(planning to resume studies in academic year/semester)　 　 學年度第　 學期復學，爰請貴校惠准辦理(Kindly approve the suspension of study request for the reason indicated below.)

**休學原因（Reason for Suspension of Study）**

□論文因素Thesis-related reasons (19) □志趣不合Lack of interest(35)

□學業成績Academic performance (37) □家人傷病Family illness or injury (39)

□身體不適Health issues (41) □家務Household affairs (43)

□經濟困難Financial difficulties (44) □適應不良Difficulty adapting (46)

□出國Studying abroad (47) □工作Employment (48)

□服役 Military service (49) □考試訓練Exam preparation/training (56、57)

□其他Other：

□彈性修業服役(已申請就學期間服役彈性修業之94年1月1日起出生役男適用) Flexible study due to military service (Applicable to males born on or after January 1, 2005) (61)

此致(**Hereby submitted to)**

淡江大學學校財團法人淡江大學(Tamkang University)

學生家長或監護人(Student's Parent or Guardian)：　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(簽章Signature)

學生家長或監護人聯絡電話(Parent or Guardian's Tel.)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

與學生關係(**Relationship to Student)：**

中　　華　　民　　國　　　　　年　　　　　月　　　　　日

(Year**) (Month) ( Day)**

**註：家長同意書請學生務必交由家長或監護人簽名蓋章。若有不實，自行負責。**

**(Note: Parents or Guardian shall sign and stamp this consent form and bear full responsibility for any false information provided.)**

＊依本校個人資料管理規範，本表單各項個人資料僅作為業務處理使用，並於保存期限屆滿後，逕行銷毀。According to the personal data management regulations of this institution, all personal data provided on this form will be used solely for business processing purposes and will be destroyed upon the expiration of the retention period.