

淡江大學中文修業證明申請表
(Tamkang University Application Form for Chinese Study Certificate)

姓名 (Chinese Name)		系年級 (離校時) Department and Grade (at the time of leaving)	<input type="checkbox"/> 博士班(Doctoral Program)
學號 (Student ID No.)			<input type="checkbox"/> 碩士班(Master's Program)
出生年月日 (Date of Birth)	年 月 日 (Year) (Month) (Day)		<input type="checkbox"/> 碩專班(Executive Master's Program)
肄業年月 (Incomplete Studies Date)	年 月 (Year) (Month)		<input type="checkbox"/> 日間學制學士班(Undergraduate)
			<input type="checkbox"/> 進學班(The Bachelor Program of Extension education)
			<input type="checkbox"/> 二年制(Two-Year Program)
			_____系/所 (Department/Institute)
			_____組(Division) _____年級(Grade)
申請原因 (請勾選) Reason for Application (Please Select)	<input type="checkbox"/> 轉學(Transfer to another school) <input type="checkbox"/> 遺失補發(Reissue due to loss) <input type="checkbox"/> 其他(Other): _____ <input type="checkbox"/> 成績退學(Dismitted due to academic performance) <input type="checkbox"/> 操行退學(Dismitted due to conduct issues) <input type="checkbox"/> 逾休學年限退學(Exceeded leave of absence period) <input type="checkbox"/> 逾修業年限退學(Exceeded maximum study duration)		
取件地點 (請勾選) Document Collection Location (Please Select)	<input type="checkbox"/> 淡水校園領取，電話：2621-5656 轉 2366、2367、2368、2732、2907、2203、2210 (Pick up at Tamsui Campus, Phone: 2621-5656 ext. 2366, 2367, 2368, 2732, 2907, 2210) <input type="checkbox"/> 郵寄：附上 A4 大小之回郵信封，請填妥收信人姓名及地址並貼足掛號郵資。 (By mail: Attach a self-addressed A4-sized return envelope with the recipient's name, address and sufficient postage for registered mail.)		
申請人 注意事項 (Notice)	1. 收件日起約 3 個工作天取件。(The document will be available for pick-up approximately 3 business days after receipt of the application.) 2. 請附身分證正反面影本 1 份。(Please attach a photocopy of both sides of your ID card.) 3. 申請費用 10 元，申請之證明書僅核發 1 份，如須多份，請自行影印後連同正本交註冊課務發展中心蓋印。(The application fee is NT\$10. Only one copy of the certificate will be issued. If additional copies are required, please make photocopies of the original and submit them to the Registration and Curriculum Development Center for certification.)		
申請人 (Applicant)		申請人 電話 (Tel.)	申請日期 (Date of Application)
			年 月 日 Year/Month/Day

(以下由承辦人填寫 The following is to be completed by the Staff in Charge)

決行權責編號：

證明字號	() <input type="checkbox"/> 校教 <input type="checkbox"/> 校教進 <input type="checkbox"/> 校教研 修字第 _____ 號		流水號：_____
			修業學期數：_____
入學 文號	年 月 日台 () 高字第 _____ 號		
	() 淡校	<input type="checkbox"/> 教新 <input type="checkbox"/> 教轉	字第 _____ 號
承 辦 人	複 核	單 位 主 管	教 務 長 批 示

* 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。(In accordance with the university's personal data management regulations, all personal information provided on this form will be used solely for business processing purposes and will be destroyed upon the expiration of the retention period.)