**家長同意書（退學）**

**Parent/Guardian Consent Form (Withdrawal 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(wishes to process the withdrawal procedure for the Academic/Semester)　　 \_學年度第　 學期退學手續，爰請貴校惠准辦理(Kindly approve the withdrawal of study request for the reason indicated below.)

**退學原因(Reason for Withdrawal of Study)**

□重考Retaking entrance exams (31) □轉學Transferring to another school (32)

□志趣不合Lack of interest in the current program (35)

□身體不適Health issues (41) □家務Family matters (43)

□經濟困難Financial difficulties (44) □工作Employment (48)

□其他Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.