

【Paper-based Enrollment】 Course **Add**/Drop Request Form Year 2024)

15 credits (max.)/semester for postgraduate students
28 credits (max.)/semester for undergraduate students

Name		Date	(D)____/(M)____/(Y)____
Student No.		Study program	<input type="checkbox"/> 4-year undergraduate program <input type="checkbox"/> Master <input type="checkbox"/> Doctor
Department		Class/Year of Study	Class ____, Year ____
Mobile phone number		This course is	<input type="checkbox"/> Required /Compulsory <input type="checkbox"/> Elective
Course code		Course name	

[For students use]

Please state or tick (a) reason(s) for the request. (*Required)

【※ The following reasons or your statement is reference for professors and the authorities to approve this request. You can tick more than one if it is applied.】

- 1. Bachelor students of previous Semester grades is supposed to be in the 10% of the class. Applicants could add one course if students have permission from director of the department. **(Please attach transcript for reference.)**
- 2. Enrolling in this course for a pre-graduate student program. (Please attach your acceptance letter for the pre-graduate program and your offer letter for the M.A. program)
- 3. Enrolling in this course under another department. 【Only for graduates and the students delaying graduation.】 (Ensure you read and understand the Rules and Regulations of the Department.)
- 4. Enrolling in this general education course to fulfill the 6 credits in my 4th year.
- 5. Enrolling in this course for completing graduation credits as a graduate or a student delaying graduation, to avoid deferral of graduation.
- 6. This course is not available on the online course add/drop system.
- 7. Current status: Transfer student 、 Transfer student from other Dept 、 Readmitted student 、 Graduate delaying graduation 、 PRC. student
- 8. Other reasons, please state briefly : _____

For staff use ONLY

Department office	Capacity of the classroom: _____ ppl. <input type="checkbox"/> Agree, a total of _____ students after this request is approved. <input type="checkbox"/> The class will be move to a bigger classroom. <input type="checkbox"/> Add a seat in the current classroom. <input type="checkbox"/> Disagree
Lecturer of the course	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <div style="text-align: right;">Signature: _____</div>
Department office	【Sign off by the Department Chair or an authorized staff member】 <div style="text-align: right;">Signature: _____</div>
Remarks	After completing the procedure this request form, please send it to Curriculum Section or Continuing Education Section before Course Add/Drop is due.

※ In accordance with the relevant provisions of the Personal Data Protection Law, the personal data and attachments filled in this application form are only for the school matter use. For further reference, this request form will be kept for 1 year, and the scanned electronic file 5 years.