

Application Form of YZU Admission Postponement

2006 School Year	
Applicant's Name	
Department	
Degree	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> Doctor
Reasons to Apply The Postponement	
Postponed Period	<input type="checkbox"/> One Semester (2006.August-2007.January) <input type="checkbox"/> Two Semester (2006.September-2007.August) (Applicants only can postpone the admission for ONE semester or TWO semesters)
Applicant's TEL	()
Applicant's Address	
Applicant's Signature	(Year/Month/Date)
Approval (Signature & Comments)	Chairman of Department :
	Registration Section :
	Dean of the Academic Affair :

*Applicant, please type the personal information and sign your name. Please fax or e-mail this form back to the Office of Academic Affairs at 886-3-4354604 or chiafen@saturn.yzu.edu.tw. Thank you for your cooperation!