

靜宜大學課務異動申請書 Application for Course Change

A. Applicant

Dept./Class	_____ Dept. _____ Class (Group)	Student No.	
Name		Phone	

B. Application for course changes

Semester	Course No.	Class Offered	Course Title	Changes
				<input type="checkbox"/> Class type change <input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> Others_____
				<input type="checkbox"/> Class type change <input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> Others_____
				<input type="checkbox"/> Class type change <input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> Others_____
				<input type="checkbox"/> Class type change <input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> Others_____
				<input type="checkbox"/> Class type change <input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> Others_____

C. Reasons for application

D. Sign-off Process: (The applicants shall bring their Student ID or other ID documents for verification.)

(1) Instructor	
(2) Course Offering Unit (Dept., Institute, Center)	
(3) Div. of R&C	Case Officer: _____ Registrar: _____
(4) Dean of Academic Affairs	
(5) Div. of R&C	Case Officer: _____