

Chang Gung University
Application Form for Resuming Study(Re-Enrollment)

Date : / / (yyyy/mm/dd)

※ Students should apply for school resumption one month before the suspension expires.

Department :		<input type="checkbox"/> Ph.D. Program <input type="checkbox"/> Master Program <input type="checkbox"/> Undergraduate _____ -Year Class _____	
Student ID :	Name :	Gender :	
ARC No. :	Date of Birth(yyyy/mm/dd) :	Certified Documents :	
		/ /	
Cellphone :		E-mail Address :	
Mailing Address :			
Reasons for resumption :		Applicant's Signature : ※ I hereby declare that the information provided in this application form is true and accurate.	

Department/College:

Advisor	Chairperson of the Department	Dean of the College

Ratification :

Staff of Registration Section	Director of Registration Section	Dean of Academic Affairs
(Located on the 2nd floor of the First Medical Science Building)		

Notes:

1. Returnees should re-enroll in the same grade of the original department or graduate program prior to the suspension.