

放棄床位申請書

學生 _____ 系級 _____ 學號： _____

因 _____ (放棄事由) 故需
申請放棄 _____ 學年度中籤之 _____ 館 _____ 室第 _____ 床宿舍
床位，懇請學校長官體察實情，同意學生放棄宿舍床
位；檢附家長簽章，證明放棄床位已獲得家長認可。

立書人： _____ 簽章

手機： _____

法定代理人： _____ 簽章

手機： _____

中華民國 _____ 年 _____ 月 _____ 日

註：高雄醫學大學基於放棄床位申請之目的，須蒐集法定代理人及學生之姓名、電話，以在退宿申請作業期間及地區內進行必要之聯繫及辦理退費。當事人得就個人資料行使更改、刪除等個人資料保護法之權利，請洽本校生活輔導組。

承辦單位	會辦單位	決行
承辦人		學務長決行
組長		
秘書		

Dormitory Withdrawal Application Form

Name: _____ Dept/Year _____ Student ID : _____

Because of _____ (state withdrawal reason) , hence need to withdraw Bed No. _____ of _____ Dormitory for Academic Year _____.

Please be understanding to approve the withdrawal application.

Parent/ guardian's signatures is provided as proof of approval for withdrawal application.

Applicant : _____ (Signature)

Contact Number : _____

Parent/ Guardian _____ (Signature)

Contact Number : _____

Application Date: _____ (yyyy/mm/dd)

註：For the purpose of the application in KMU, personal information of the legal representative and the student shall be collected to carry out the necessary contact and refund for the procedure. Based on Personal Information Protection Act, you have the right to change or delete any personal data. If you need to do so, please contact our Division of Student Assistance.

承辦單位 Case Handling Unit	會辦單位 Countersignature Unit	決行 Decision Unit
承辦人 Case Officer		學務長決行 Vice President for Student Affairs
組長 Director of Division of Student Assistance		
秘書 Secretary		