臨時住宿申請書

月

日

學生	系級	_ 學號	
性别,因			因素需申請暫時住
宿宿舍,自 年 月	日至 年 月	日為止(時間不足時再續申
請),懇請學校長官體察實	情,准予學生住宿	; 住宿期間學	生保證遵守宿舍各項
規定及生活規範,如有違犯	1,願依學校給予最	·嚴格之懲處 (含勒令退宿)。
立 書 人:		簽章	
身分證字號:			
聯 絡 手 機:			
家長(或監護人):		簽章	
聯絡手機:			

中華民國年

※本申請書僅適用因發生突發性疾病或交通事故而造成不良於行或有緊急安置需求之學生。

承辦單位	會辦單位	決行
承辦人		學務長
生輔組組長		
秘書		

註:高雄醫學大學基於臨時住宿申請之目的,須蒐集法定代理人及學生之姓名、電話,以在換宿申請作業期 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。

保存期限:1年

Application Form for Short-Term Dormitory

Name:	Department / Grade: _	Student	No.:
Duration of Stay:	_//to _	yyyy mm dd	_(Reapply for extension)
Reason for Applying:			
I hereby declare the	request for applying for	the dormitory and will be p	leased with your agreement on this
application. I agree to co	omply with the provisions	s of the dormitory as well a	s the fundamental moralities of life, and
would accept heavy pen	alties for any violation (ir	ncluding expel from the dor	mitory).
Signature of Applican	t:		
Contact Phone: (M)) / (H)		
Signature of Parent/	Guardian:		
Contact Phone: <u>(M</u>)) / (H)		
Application Date:		_ (yyyy/mm/dd)	

This application is only available for acute illness, emergency placement or short-term job shadowing/internship. 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.

% Please attach the receipt to complete the canceling process.

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 Vice President for Student Affairs
生輔組長 Director of Division of Student Assistance		
秘書 Secretary		

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