OCU Application Form for Department Transfer

Academic Year ; 1st / 2nd Semester

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| Division | Day divisionNight division | School system | Five-year programFour-year program |
| School class |  | Student ID  | . | Name |  |
| Address |  | Phone  |  |
|
| Mobile |  |
| Original department and grade | College Day/ Night Division Department Grade Class |
| Intended department and grade | College Day/ Night Division Department Grade  |
| Reason for transfer |  | Attachment | Transcript for all semesters  |
| Parents’ comments |  | Parents’ signatures |  |
| Comment, signatures | Comment, signature from homeroom teacher | Comment and signature from the original department chairman |
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| Notes: 1. Students are only allowed to transfer once. More than one transfer is not permitted.
2. Application form has to be submitted to Academic Affairs Registration Division before the application deadline. If student does not submit it or is late to submit to, student is not allowed to apply for a transfer.
3. Students who apply to transfer departments should take part in the exam at a specified time and place for each department. If the examinee does not arrive on time, a makeup exam will not be given. Students have an opportunity to make up the exam only if an emergency prevented them from arriving. (They have to attach necessary documents.)
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| Transfer exam grade and result  | A student will transfer into a department and their chairman has to examine and sign  |
| Grade: 。Absent /Disapproval 。Approval | Incorporated Class: 。 忠。 孝。仁。Giving Registration Division authorization, according to the number of each class average(Transfer into which department and that chairman’s signature) |

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| Organizer signature |
| Registration and Curriculum Division undertakes the personnel  | Registration and Curriculum Division Registrar  | Dean of Academic Affairs  |

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| (After meeting) units signature |
| Accounting Office undertakes the personnel | Accounting Office Chairman | Cashier Division undertakes the personnel | Cashier Division Registrar |
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