**Application for Procedure of Leave**

**Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: (Home)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State/ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State/ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason: 口 Graduated Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **(1) Department** | **(2) Library** | | | **(3) Career Center and Alumni Services** |
| **1. return all loans from department.** | **1. graduate students must submit two binded copies of the thesis and 1 CDR;**  **2. clear loans and fines** | | | **1. retrieve information package; 2. complete alumni information.** |
|  |  | | |  |
| **(4) Accounting Office** | | | **(5) International Cooperation Education Office** | |
| **1. clear remaining balance at school, if any.** | | | **1. dealing with the visa and scholarship issues.** | |
|  | | |  | |
| **(6) Registrar** | | | | |
| **1. check graduation requirement; including the thesis，its passed certificate and one piece of CD copy.**  **2. submit graduation photo.**  **3. application for procedure of leave.**  **4. complete return student ID.**  **5. receive diploma/certificate.** | | | | |
| **staff** | | **section chief** | | |
| **Please complete (1) – (4) first. Upon completion, please hand in your student ID card and this form to the Registrar, and then receive the graduated certificate.** | | | | |
| **Application Date: Y\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_\_\_\_\_\_\_\_ D\_\_\_\_\_\_\_\_\_\_** | | | | |