

System	<input type="checkbox"/> 4-Year College <input type="checkbox"/> 2-Year College <input type="checkbox"/> 5-Year Junior College <input type="checkbox"/> Graduate Institute <input type="checkbox"/> In-service graduate	Department		Student ID No		Class	
Name		Gender		Tel.(Cell phone)			

Application Procedure				
1. Leave of Absence and expulsion procedures. (1)Registration Section →(2)Tutor →(3)Department Chair→(4)Dean →(5)Dean of Academic Affairs 2. Exit procedures: (1)Department Chair→(2)Dean 3. Within 7 working days from the date of application to the Registration Section, you shall go to the following departments to complete the application and return this form to the Registration Section. Only then will the application be considered complete and the departure procedures be finished. Failure to do so within the time limit shall be deemed as abandonment of the application and the refund basis shall be recalculated.				
Please meet in the following order.				
1. Registration Section(Apply) Administration Building, 2F, A207 <input type="checkbox"/> Student Assistance (assessed by Student Assistance Section)	2. Tutor (Please fill in the meeting situation and the student's problem) Please check after the meeting, which units can overcome the student's problem. 【Academic affairs issue please contact group leader of registration section(#2111), student affairs issue please contact group leader of student assistance section(#2211)】 <input type="checkbox"/> Department(Graduate Institute) <input type="checkbox"/> Office of Academic Affairs <input type="checkbox"/> Office of Student Affairs <input type="checkbox"/> Others			
3. Department Chair	4. Dean	5. Dean of Academic Affairs Administration Building, 2F, A206		

Student Exit Procedure				
1. Student Assistance Section Administration Building, 1F, A113	2. Military Education Office(Female students are not required.)	3. Health Section Administration Building, 1F, A123	4. Library Library, 1F, Counter	5. Accounting Office Zhishan Building, 12F, Z1201
6. Overseas Students Section Zhengqi Hall, 1F, E106	7. Indigenous student resource center. (Not indigenous students are not required.)	8. Registration Section Staff Administration Building, 2F, A207	9. Registration Supervisor	

Notes	Surrender or cancellation of student ID card <input type="checkbox"/> Surrender <input type="checkbox"/> cancellation
<p>➤ Leave of Absence and expulsion procedures and expulsion procedures: :</p> <p>1. Student Assistance Section → 2. Military Education Office (Female students are not required.) → 3. Health Section → 4. Library → 5. Accounting Office → 6. Overseas Students Section (Signature of a student who is not an overseas student is not required.) 7. Indigenous student resource center. (Not indigenous students are not required.) → 8. Responsible staff of the Registration Section → 9. Group Leader of the Registration Section.</p> <p>Exit procedures :</p> <p>1. Health Section → 2. Responsible staff of Registration Section → 3. Group Leader of Registration Section. Students who suspend their studies can choose whether to add the "Student Safety Insurance". If they choose not to participate in the student insurance, please fill in the "Student Group Insurance Closing Form" to give up the rights and interests of the student group insurance.</p>	

Student with discontinuance is NOT required to fill in this form

Wenzao Ursuline University of Languages Affidavit of waive student group insurance

According to the regulations of the Ministry of Education in Taiwan (2015.12.28), school shall notify parents/guardian/spouse of the student's non-participation in this insurance in writing.

I _____ (Class: _____ Student ID: _____) have declined to join the student group insurance since _____ semester of _____ Academic year till _____ semester of _____ Academic year due to ☐Health ☐Family ☐Economic ☐Work ☐Military service ☐Other _____. I'm willing to give up all rights of claim settlement with no further argument.

To Health section of Wenzao Ursuline University of Languages

Signature: _____ **ID Number:** _____ **Mobile Phone:** _____

Signature of Parent/Guardian/ Spouse: _____ **Phone Number:** _____

Address: _____

Remark:

Date :

Please fill in by hand writing, DO NOT type then print.

Serial NO.:

※Apply for leave of absence and expulsion procedures online or by postal, please choose one of the following methods to submit this form to Health section:

1. **Postal Registered mail** to 文藻外語大學衛生保健組 (807 高雄市三民區民族一路 900 號)
2. **Fax: 07-347-4102.** Please call 07-342-6031 ext.2245 to confirmed after faxed.

※The information in this form is for student group insurance only. According to the Personal Information Protection Law, the Health section is responsible for collect, using and keep the information for 3 years then destroy them on expiration.