

Academy of Chinese Culture & Health Sciences

美州中國文化醫藥大學

Add/Drop Course & Withdrawal Form

加課，退課及退學申請表

Student Name 學生姓名：_____ Date: _____

Address 住址：_____

Telephone 電話：_____ Trimester 學期：_____

Name of class(es)/Clinic shift(s) 課程名稱 / 門診時間	Course Number 課程號碼	Add		Drop 退課	Classes Attended 已修課時數	Instructor Signature 教師簽字
		Credit 加課	Audit 旁聽			
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Withdrawal from academy 申請退學

Reason(s) 原因：_____

Students must get instructor(s) signature to confirm attendance for dropped class(es).

Are you a VA or financial aid student? 是否為退役軍人或貸款學生? Yes _____ No _____

If yes, administrator approval 貸款辦主管審批：_____

Student signature 學生簽字：_____

Administrator/Registrar signature: 教務處簽字：_____ Date: _____