# Student Course Withdrawal Application Form

**School Year:** ______  **Semester:** ______  **Date:** __________

**Department/Institute:** __________________________  **Grade / Class:** ______

**Name:** ________________  **Student ID:** ____________  **Email:** ____________

**Phone Number(Cell Phone):** __________________________

<table>
<thead>
<tr>
<th>Application Reason</th>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
<th>Type</th>
<th>(1) Instructor Signature</th>
</tr>
</thead>
</table>

**Total credits taken this semester:** __________________________

**Remaining credits after withdrawal of course:** __________________________

Course withdrawal is limited to **one course per semester**. After withdrawal, students from grades one to three may not have less than 15 credits; grade four students may not have less than 9 credits.

**Applicant Signature:** __________________________

(2) **Advisor Signature**  (3) **Chairman of Department/Institute**

(4) **Curriculum Division**

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**Notice:**

1. Please process this application **personally** according to the 「National Chiao Tung University Student Course Withdrawal Application Policies」.

2. Course withdrawal is limited to **one course per semester**.

3. After the application has been authorized, please turn in this form to the Curriculum Division before 12/31 in the first semester and 5/31 in the second semester of the
year. The application process is then considered completed.

4. The process should be completed based on the earlier deadline of two universities for cross-college course.