

景文科技大學同系科轉班申請表

申請日期(Application Date)： 年(yy) 月(mm) 日(dd)

姓名(Name)		學號(Student ID)	
原屬班級(Original class)		轉入班級(Transferred class)	
通訊住址(Address)			
聯絡電話 (Contact number)			
【如經申請通過不得要求變更回原班級就讀，請申請人及家長審慎考慮】 【Once it's approved, the applicant cannot request to transfer back to the original class.】			
申請原因 (Reason to transfer class)：			
家長簽章(Parental signature/Seal)：			
申請人簽名(Applicant's signature/Seal):			
一、申請同系轉班之學生，應符合下列規定： To transfer class within the same department, the applicant should be qualified by the following regulations: (一) 修業滿一學期得申請轉入同一學系不同班別之年級學期就讀。 He applicant should complete the academic course for the full semester in order to transfer to the other class. (二) 除前款外，各系另有規定者，從其規定。 The applicant should follow other department specific regulations.			
符合上述規定學生得申請自第一學年第二學期起至最高修業年級第一學期止(不包括延長修業年限)得同系轉班。			
Students meet the above requirements may apply from the first academic year second semester, until highest full semester of the first semester (not including the extension period of the year) can to transfer class within the same department.			
二、相關規定請參閱本校「同系科轉班辦法」。			
Please refer to the “transfer within department” school regulation.			
三、本表請於申請截止日前完成簽章並送回註冊組存查，逾期恕不受理。			
Please file the application and send the completed application to the registration office before the designated time.			
轉出班導師(請批註意見) Homeroom teacher (signature and opinion)	系主任 Chair of the department	院長 Dean of college	
教務處承辦人員 Academic affairs	註冊組組長 Registration	教務長 Dean of Academic Affairs	