



# 中國醫藥大學 China Medical University

\_\_\_\_\_學年度\_\_\_\_\_學期 研究生 上修/外系所選修課程申請書  
Register for Upper-level Courses or Courses in Other Departments for Graduate Student

申請日期 Date: \_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 系所 Institute \_\_\_\_\_

學號 Student ID: \_\_\_\_\_ 姓名 Name: \_\_\_\_\_ 聯絡電話 Phone: \_\_\_\_\_

申請原因 Reason: <input type="checkbox"/> 上修 Register for upper-level courses <input type="checkbox"/> 外系所選修 Register for courses from other departments <input type="checkbox"/> 其他,請詳述 Other, please specify _____ 擬修課程 Course: <input type="checkbox"/> 列入畢業學分 counted as credits for graduation <input type="checkbox"/> 不列入畢業學分 not counted as credits for graduation 開課系所 Course Institute : _____ 開課年級 grade : _____ 課號 Course code : _____ ( <input type="checkbox"/> A/ <input type="checkbox"/> B/ _____ 班) 課名 Course name : _____ ( <input type="checkbox"/> 選修 Elective/ <input type="checkbox"/> 必修 Required)				主授課教師簽章 Instructor Signature
主指導教授簽章 Advisor Signature	就讀系所承辦人簽章 Student's Department personnel	就讀系所主管簽章 Head of the Department of your Program	研究生事務處簽章 Personnel of Graduate Student Affairs	研究生副事務長 Associate Dean of Office of Graduate Student Affairs
	<input type="checkbox"/> 列入畢業學分 <input type="checkbox"/> 不列入畢業學分			

110.11.24 修訂

第一聯 研究生事務處存查



# 中國醫藥大學 China Medical University

\_\_\_\_\_學年度\_\_\_\_\_學期 研究生 上修/外系所選修課程申請書  
Register for Upper-level Courses or Courses in Other Departments for Graduate Student

申請日期 Date: \_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 系所 Institute \_\_\_\_\_

學號 Student ID: \_\_\_\_\_ 姓名 Name: \_\_\_\_\_ 聯絡電話 Phone: \_\_\_\_\_

申請原因 Reason: <input type="checkbox"/> 上修 Register for upper-level courses <input type="checkbox"/> 外系所選修 Register for courses from other departments <input type="checkbox"/> 其他,請詳述 Other, please specify _____ 擬修課程 Course: <input type="checkbox"/> 列入畢業學分 counted as credits for graduation <input type="checkbox"/> 不列入畢業學分 not counted as credits for graduation 開課系所 Course Institute : _____ 開課年級 grade : _____ 課號 Course code : _____ ( <input type="checkbox"/> A/ <input type="checkbox"/> B/ _____ 班) 課名 Course name : _____ ( <input type="checkbox"/> 選修 Elective/ <input type="checkbox"/> 必修 Required)				主授課教師簽章 Instructor Signature
主指導教授簽章 Advisor Signature	就讀系所承辦人簽章 Student's Department personnel	就讀系所主管簽章 Head of the Department of your Program	研究生事務處簽章 Personnel of Graduate Student Affairs	研究生副事務長 Associate Dean of Office of Graduate Student Affairs
	<input type="checkbox"/> 列入畢業學分 <input type="checkbox"/> 不列入畢業學分			

- 申請條件：課程設定限制條件而無法於網路上選課者。For students who cannot select the course online due to course-taking restrictions.
- 申請期限：網路加退選截止日前。Deadline: Before online courses add/drop section ends.
- 請先向所屬系所確認，修讀他系所課程是否認列為畢業學分，以免影響自身權益。Please check with your department if taking courses offered by other department will be counted as credits for graduation.

第二聯 學生存查 Copy for Student



# 中國醫藥大學 China Medical University

\_\_\_\_\_學年度(Academic Year) \_\_\_\_\_學期(Semester)

## 研究生 逾期選課 申請書

### Overdue Course Selection for Graduate Student

申請日期(date)： 年(y) 月(m) 日(d)

系所/年級 Institute / Year in the Program		學號 Student ID	姓名 Name	連絡電話 Phone Number		
加選課程代碼 Course Code	開課年級/班別 Course Grade/ Class	開課單位 Department	課程名稱 Course Title	學分數 Credits	修別 R/E	授課教師簽章 Instructor Signature
請說明原由/ Reason(s) for the request:						
申請人簽章 Applicant Signature		導師或主指導教授簽章 Advisor Signature		系主任簽章 Department Chair's approval		
研究生事務處承辦人 Personnel of Graduate Student Affairs			研究生事務處副事務長 Associate Dean of Office of Graduate Student Affairs			

#### 說明 Notice:

1. 第三週加選課程請填寫此申請單，依表格流程核簽，送至研究生事務處由副事務長核可後，才予通過。This application is only for 3rd week of the semester. The application will be effective after the approval of the Associate Dean of Graduate Student Affairs.
2. 於**第三週起**提出申請者，授課教師需檢附相關佐證證明(eg. 簽到單、小考、作業及報告等)。From the 3th week, the instructor should provide the student's enrollment proof (sign-up sheet, test, homework, etc.) to make the application effective.
3. 此申請單適用於第三週。This application is only for 3rd week of the semester.



# 中國醫藥大學 China Medical University

\_\_\_\_\_學年度(Academic Year) \_\_\_\_\_學期(Semester)

研究生 **停修課程** 申請書(第12-13週)

Course Withdrawal for Graduate Student(12<sup>th</sup> -13<sup>th</sup> week)

申請日期(date)： 年(y) 月(m) 日(d)

學系(所)/年級 Department/Grade		學號 Student I.D.	姓名 Name	連絡電話 Phone Number		
課程代碼 Course Code	課程名稱 Course Title		學分數 Credits	修別 R/E	授課教師簽章 Instructor Signature	
請說明原由/ Reason(s) for the request:						
申請人簽章 Applicant Signature		導師或主指導教授簽章 Advisor Signature		系主任簽章 Department Chair's approval		
研究生事務處承辦人 Graduate Student Affairs contractor personnel			研究生事務處副事務長 Associate Dean of Office of Graduate Student Affairs			

110.4.7 更新

## 說明 Notice:

- 本申請表之使用須符合「中國醫藥大學學生選課作業辦法」，並由本人親自辦理。  
The use of this application form complies with the China Medical University Course Selection and Registration Guidelines for Students, and students must submit this application personally.
- 停修課程申請自第12週星期一上午8點起至第13週星期五下午5點止，依流程核簽，送至研究生事務處，逾期恕不受理。  
Course withdrawal applications are accepted from **Monday 8:00 am of the 12<sup>th</sup> week until Friday 5:00 pm of the 13<sup>th</sup> week**. Please submit this application form to Office of Graduate Student Affairs before Friday 5:00 pm of the 13<sup>th</sup> week. Late applications will not be accepted.
- 請同學務必於第14週星期二上午10點起查詢停修課程是否成功(路徑：學生資訊系統→成績查訊→查歷年成績)；若有問題，需於第14週星期五下午5點前洽詢研究生事務處承辦人員。  
**After Tuesday 10:00 am of the 14<sup>th</sup> week**, students should make sure if the withdrawal application is approved. (Student Information System → Course Grade Inquiry → See All Previous Course Grade)  
If you have any questions, please contact the persons in charge of Office of Graduate Student Affairs before Friday 5:00 pm of the 14<sup>th</sup> week. If no issues are raised before the deadline, the data on Academic Affairs System will be finalized and no further changes may be made.