

CYCU Application Form for Double Registration

Application Date: Y/ M/ D

Academic year		Name	
Contact number		phone number	
E-mail			

I intend to study simultaneously at _____ University _____ College
 _____ Department (Institute or Degree Program).

Student ID No.	Department	Adviser (Signature)	Department/Institute Chairperson (Signature)

Reason and study plan for Double Registration

Notifications

1. Double registration hereof refers to the situation where a student is simultaneously pursuing a degree at CYCU and another domestic or foreign university. Please read the *CYCU Double Academic Status Guidelines* to see the related regulations.
2. Students with double registration must pay tuition fees in accordance with the regulations of CYCU tuition fees.
3. Please consider carefully the curriculum arrangements, teaching sources, and graduate qualifications of the department (institute) are meet the need. Once the application is admitted and registered, students must comply with the *CYCU Academic Policies* and relevant regulations of each department, institute, and degree program without objection.

I have read and agree with the above contents.

Signature of applicant :

Date: Y/ M/ D

Curriculum and Registration Division	Director of Curriculum and Registration Division	Dean of Academic Affairs