

CYCU Application Form for Registration & Courses

Applicate unit	Applicate unit: Applicant: _____ Ext.: _____	Applicate date	/ /
Purpose: (in detail)			
Form of data: <input type="checkbox"/> electronic file <input type="checkbox"/> print report <input type="checkbox"/> address notes (Please provide 2*11 label stickers.)			
Enrollment required options (Multiple choice)	<input type="checkbox"/> Student no. <input type="checkbox"/> Gender <input type="checkbox"/> ID no. <input type="checkbox"/> Phone number <input type="checkbox"/> Others(description) <input type="checkbox"/> Name <input type="checkbox"/> Birthday <input type="checkbox"/> Parents _____ <input type="checkbox"/> Phone number for student affairs <input type="checkbox"/> Dept. code <input type="checkbox"/> Graduated school <input type="checkbox"/> Address <input type="checkbox"/> Contact number <input type="checkbox"/> Dept. name <input type="checkbox"/> Register identity <input type="checkbox"/> Enroll identity <input type="checkbox"/> E-mail		
Course data options (Multiple choice)	<input type="checkbox"/> Student no. <input type="checkbox"/> Name <input type="checkbox"/> Student Dept. <input type="checkbox"/> Student Status <input type="checkbox"/> Enroll identity <input type="checkbox"/> Course semester <input type="checkbox"/> Course code <input type="checkbox"/> Course name <input type="checkbox"/> Department/Institute offering the course <input type="checkbox"/> Professor <input type="checkbox"/> Credits <input type="checkbox"/> Required/Elective course <input type="checkbox"/> Class time <input type="checkbox"/> Withdraw <input type="checkbox"/> Grades <input type="checkbox"/> Phone number <input type="checkbox"/> Phone number for student affairs <input type="checkbox"/> E-mail <input type="checkbox"/> second email <input type="checkbox"/> Other _____		
Data range	<input type="checkbox"/> Whole school <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Master in-service <input type="checkbox"/> Ph.D. <input type="checkbox"/> Second specialization after bachelor's degree <input type="checkbox"/> Transfer student <input type="checkbox"/> Special data _____		
Documents of leave student needed : <input type="checkbox"/> Yes <input type="checkbox"/> No			
【Personal information confidentiality agreement affidavit】 Applicants should follow the rules of the “Personal Information Protection Act”, respect and protect students’ rights, absolutely keep confidence, and not leak out, Applicants have to take responsibility for students’ rights that have been damaged.			
Applicant’s signature			
Date / / (Please reserve sufficient time for about 3 days)			
Signature	Supervisor of the application unit	Director of Curriculum & Registration Division	
Contact person at Curriculum & Registration Division		Receive date: Finish date:	