

國立中山大學 學士班 學生轉系申請表

National Sun Yat-sen University

Application Form for Undergraduate Department Transfer

申請學年學期 Application AY/Semester :

申請日期 Application Date : 年 月 日 (YYYY/MM/DD)

姓名 Name			學號 Student No.		
原屬院系(所)級 Current Department/College	學院 College : 學系 Department : 年級 Year / 班 Class :	身分別 Student Status	<input type="checkbox"/> 一般生 Regular Student <input type="checkbox"/> 其他 Other : (請參閱附註五 See Note 5)		
擬轉入院系級 Intended Transfer Department/College	學院 College : 學系 Department : 年級 Year / 班 Class :	<input type="checkbox"/> 平轉 Same Year <input type="checkbox"/> 降轉 Lower Year			
曾申請雙主修或輔系 Have you applied for a double major or minor? <input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no 已獲核准雙主修 Approved Double Major : _____ 系 Department (_____ 學年度 Academic Year) 已獲核准輔系 Approved Minor : _____ 系 Department (_____ 學年度 Academic Year)					
家長或監護人 Parent(s) or Legal Guardian	(未滿 18 歲者需填寫 If applicant is under 18 years old.) <input type="checkbox"/> 本人同意敝子弟以上之轉系申請。I consent to allow the named student to apply for a department transfer. <div style="text-align: right;">(簽章) (Signature)</div>				
申請人 Applicant	(簽章 Signature)		手機 Mobile :	電子郵件 Email:	
上列資料申請學生須詳實填寫，送交所屬學系導師、系主任及院長簽核後，連同審查資料提交至註冊組辦理。 All required information must be completed by the applicant and submitted for approval by the department advisor, department chair, and dean. Once approved, the documents must be forwarded to the Registration Division for processing.					
原屬學院(系)審查意見 Comments from the Current Department/College	導師 Advisor	系主任 Department Chair	院長 Dean of the College		
	審查意見 Assessment Decision : <input type="checkbox"/> 同意 Approve <input type="checkbox"/> 不同意 Disapprove 其他意見 Other Comments :	審查意見 Assessment Decision : <input type="checkbox"/> 同意 Approve <input type="checkbox"/> 不同意 Disapprove 其他意見 Other Comments :			
教務處初審 Office of Academic Affairs - Initial Assessment	<input type="checkbox"/> 符合 Qualified 承辦人 Administrator :		<input type="checkbox"/> 不符合 Not Qualified 組長 Director of the Registration Division :		
擬轉入院(系)審查意見 Comments from the Intended Transfer Department/College	系主任 Department Chair		院長 Dean of the College		
	審查結果 Assessment Result : 經 年 月 日 系所務會議或系所招生相關之委員會會議 審查 (附會議紀錄) Decision was made at the Departmental Affairs Meeting or the Student Recruitment Committee Meeting held on [YYYY/MM/DD] (Meeting minutes attached) <input type="checkbox"/> 同意 Approve <input type="checkbox"/> 不同意 Disapprove 系所主管簽章 Signature of Department Chair :				

※附註(見下頁) : Notes (see next page)

114.02.01 更新 Last Updated: February 1, 2025

附註：

- 一、學生申請轉系，須填具申請表（含志願表）。若選填兩個志願，須提交兩份申請表。
- 二、轉系申請須附歷年成績單以供查核。
- 三、申請人須符合擬轉入學系的標準，請詳閱公告附之「轉系審查標準」。
- 四、若教務處初審不符合規定，申請表將由所屬學系退還申請人。
- 五、除一般生外，學生身份別包含僑生、外國學生、轉學生、運動成績優良學生、各類資優生及身心障礙生。為確保權益，請務必填寫身份別。

1. Applicants must submit a completed application form, including a preference list. If applying for two preferences, two separate application forms are required.
2. A complete academic transcript must be attached for verification.
3. Applicants must meet the eligibility criteria of the intended department. Please review the "Department Transfer Assessment Criteria" in the official announcement.
4. Applications deemed ineligible during the initial review by the Office of Academic Affairs will be returned to the applicant via their current department.
5. Besides regular students, classifications include overseas Chinese students, international students, transfer students, students with outstanding sports performance, gifted students, and students with disabilities. Please ensure accurate completion of this section to facilitate the review process.