

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 : 班別 Class : <input type="checkbox"/> 一般班 Standard Class <input type="checkbox"/> 全英班 EMI 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 : 班別 Class : <input type="checkbox"/> 一般班 Standard Class <input type="checkbox"/> 全英班 EMI 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. (簽章)(Signature)				
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 <input type="checkbox"/> 不符合 Not Qualified 承辦人 Administrator : _____ 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：

- 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.