

# UT Academic Affairs Office

## \_\_\_\_ Academic Year \_\_\_\_ Semester Student Report

Dept./Inst. : \_\_\_\_\_ Grade Level/Class : \_\_\_\_\_

Name : \_\_\_\_\_ Student Num. : \_\_\_\_\_ Tel.: \_\_\_\_\_

<b>Reason for application</b>			
Signature : _____		Date : _____ (YYYY/MM/DD)	
<b>Supervising Offices</b>			
<b>Dept./ Inst.</b>	<b>Assistant in Dept./Inst.</b>	<b>Advisor</b>	<b>Head of Dept./Inst.</b>
<b>Processing Unit</b>			
<b>Academic Affairs Office Staff in Charge</b>	<b>Academic Affairs Office Head of Office</b>	<b>Dean of Academic Affairs</b>	

**Note :**

1. Students with special needs or circumstances shall submit the report to the assistant of their departments (institutes), advisor, Head of departments (institutes), relevant units and Office of Academic Affairs. The requests would be accepted after the approval.
2. For the matter related to the suspension extension, the undergraduate student shall submit the report and the department shall present the application to seek specific approval from the President of the University; the graduate students shall follow the "UT suspension extension application regulation for graduate students".