

# Gender-Friendly Dormitory Application Form

Applicant Name		Application Date (YYYY/MM/DD)	/ /
Student ID No.		Contact Phone No.	
Department / Year (In KMU)		Mentor in KMU (Phone No./ Extension)	
Parental Consent	<p>Required if the applicant is under 18</p> <p>I, the parent/legal guardian, hereby consent to the applicant's application for the "Gender-Friendly Dormitory at Kaohsiung Medical University".</p> <p>Parent/Legal Guardian's Signature: _____</p>		
Applicant's Statement of Consent	<ol style="list-style-type: none"> <li>I agree to abide by the Regulations of Student Dormitory Counseling and Management at Kaohsiung Medical University</li> <li>I understand and accept that residents on the same floor and in the same room may be of diverse gender identities, and that bed assignments may be arranged accordingly.</li> <li>For the purpose of processing applications for the gender-friendly dormitory, Kaohsiung Medical University is required to collect the names and telephone numbers of the student and their legal guardian to facilitate necessary communication and refund procedures during the application period and within the relevant region.</li> </ol> <p>In accordance with the Personal Data Protection Act, applicants may exercise their rights to request the correction or deletion of their personal data. For such requests, please contact the Division of Student Assistance, Office of Student Affairs.</p> <p>Applicant's Signature : _____</p>		

承辦人審核意見：

承辦單位	會辦單位	決行
承辦人  生輔組組長		學務長