

性別友善住宿申請書

申請人姓名		申請日期	年 月 日
申請人學號		聯絡電話	
系級			
家長簽名 同意	未滿 18 歲需家長簽名 茲家長同意申請人申請《高雄醫學大學性別友善宿舍》 學生家長簽名：_____		
申請人 同意書	1. 本人遵守《高雄醫學大學學生宿舍輔導及管理辦法》 2. 本人接受同樓層與同寢室宿舍成員的多元性別組成與床位安排 3. 高雄醫學大學基於申請性別友善床位申請之目的，須蒐集法定代理人及學生之姓名、電話，以在申請作業期間及地區內進行必要之聯繫及辦理退費。當事人得就個人資料行使更改、刪除等個人資料保護法之權利，請洽本校生活輔導組。 <div style="text-align: right;">申請人簽名：_____</div>		

承辦人審核意見：

承辦單位	會辦單位	決行
承辦人		學務長
生輔組組長		

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	Required if the applicant is under 18 I, the parent/legal guardian, hereby consent to the applicant's application for the "Gender-Friendly Dormitory at Kaohsiung Medical University". Parent/Legal Guardian's Signature: _____		
Applicant's Statement of Consent	1. I agree to abide by the Regulations of Student Dormitory Counseling and Management at Kaohsiung Medical University 2. 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. 3. 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. 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. Applicant's Signature : _____		

承辦人審核意見：

承辦單位	會辦單位	決行
承辦人		學務長
生輔組組長		