

Application Form for Short-Term Dormitory

Name: _____ Department / Grade: _____ Student No.: _____

Duration of Stay: _____ / _____ / _____ to _____ / _____ / _____ (Reapply for extension)
yyyy mm dd yyyy mm dd

Reason for Applying: _____

I hereby declare the request for applying for the dormitory and will be pleased with your agreement on this application. I agree to comply with the provisions of the dormitory as well as the fundamental moralities of life, and would accept heavy penalties for any violation (including expel from the dormitory).

Signature of Applicant: _____

Contact Phone: (M) _____ / (H) _____

Signature of Parent/ Guardian: _____

Contact Phone: (M) _____ / (H) _____

Application Date: _____ (yyyy/mm/dd)

This application is only available for acute illness, emergency placement or short-term job shadowing/ internship. For the purpose of the application in KMU, personal information of the legal representative and the student shall be collected to carry out the necessary contact and refund for the procedure. Based on Personal Information Protection Act, you have the right to change or delete any personal data. If you need to do so, please contact our Division of Student Assistance.

※ Please attach the receipt to complete the canceling process.

| 承辦單位 Case Handling Unit | 會辦單位 Countersignature Unit | 決行 Decision Unit |
|---|-------------------------------|---|
| 承辦人 Case Officer 生輔組長 Director of Division of Student Assistance 秘書 Secretary | | 學務長 Vice President for Student Affairs |