

# Room Exchange Application Form

Name: \_\_\_\_\_ Dept/Grade \_\_\_\_\_ Student ID : \_\_\_\_\_

Reason for room exchange :

Not get along with roommates , details :

\_\_\_\_\_.

Disabled students( with certificate that examined by OSA and the Division of Psychology and Counseling)

Major illness(with certificate issued by hospitals)

Others : \_\_\_\_\_ .

Dorm: \_\_\_\_\_ / Room No.: \_\_\_\_\_ / Bed No.: \_\_\_\_\_

*I hereby declare the request for room exchange application and will be pleased with your agreement on this application. ( Applicant should not reapply in the same academic year )*

Signature of Applicant : \_\_\_\_\_

Cellphone : \_\_\_\_\_

Application Date: \_\_\_\_\_ (yyyy/mm/dd)

樓長審查意見：

館長審查意見：

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

Ps. : 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.