

Application for the Certificate of Enrollment Record

Student ID		College	
Name (your name on passport)	Chinese (if available):	Department	
	English: _____, _____ Last Name, First Name		
Date of Birth	_____ (month) _____ (day), _____ (year)		
Date of Enrollment	_____ (month) _____ (year)		
Enrollment Period	From _____ (month) _____ (year) to _____ (month) _____ (year)		
Purpose of Application			
Phone #			
Signature of Verifying Personnel		Signature of the Director of General Academic Affairs	
Signature of Dean		Signature of President	
NOTE	<p>(1) Download this form.</p> <p>(2) Fill this form → Return this form to academic office → Bring your student ID or personal ID to collect your certificate 3 days after the application but no later than 10 days.</p> <p>(3) If you need your certificate to be delivered by mail, please prepare a self-stamped and addressed envelope.</p>		
Signature		Date	_____ (y) _____ (m) _____ (d)
Signature of Delegate		Date	_____ (y) _____ (m) _____ (d)