

國立臺灣大學學生報告書

National Taiwan University Special Request Form

學生填寫欄 For Student

姓名 Name (學生本人親筆簽名) Signature of Student		系所、年級 Department/Institute & Year	
學號 Student ID Number		申請日期 (YY/MM/DD) Application date	
聯絡電話 Phone Number	手機 Mobile (H)		研究生實驗室 Laboratory/Office

主旨：(請簡要陳述請求事項) **Subject (Please briefly describe your special request.)**

詳細說明：(本欄若不敷使用，請繼續書寫於本報告書之背面，或另紙繕寫；與課程有關之請求，請載明課程識別碼、班次及課程流水號。)

Details (Please write overleaf or attach another piece of paper if necessary.)

(Please include the Curriculum Identity Number, Class Section, and Serial Number if your request is regarding a specific course.)

會簽意見欄 **Countersign & Comments** (若報告內容不涉及個別課程，則任課教師及開課系所主任毋需會簽)

If the request is not about a course, course instructors and course-offering department chairs do not need to sign.

任課教師 Course Instructor	開課系所主任(所長) Dept. Chair / Director (course-offering Dept.)	就讀系所主任(所長) Dept. Chair / Director (Your Dept.)

教務處審核欄^{註1} **For Office of Academic Affairs** ^{Note 1}

初核 First Review		覆核 Second Review		教務長 Vice President for Academic Affairs
承辦人 Senior Clerk	股長 Section Chief	主任(組長) Director	秘書 Secretary	

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Date of Issue: 2020.12.01

註 1：學士後護理學系各年級、護理學系二年級以上、醫學院其他學系學士班三年級以上、公衛學院學士班二年級以上學生，請至醫學院教務分處辦理；其他學士班學生請至註冊組辦理。醫學院、公衛學院研究生請至醫學院教務分處辦理；其他學院研究生請至研究生教務組辦理。

Note1: Students from the following units shall go to the Branch Office of Academic Affairs of the College of Medicine: Second Degree Bachelor of Science in Nursing (all students), Department of Nursing (sophomores and above), other undergraduate departments of the College of Medicine (juniors and above) and Department of Public Health (sophomores and above); other undergraduate students shall go to Undergraduate Academic Affairs Division. Graduate students of the College of Medicine and the College of Public Health shall go to the Branch Office of Academic Affairs of the College of Medicine; graduate students from other colleges shall go to Graduate Academic Affairs Division.