**APPLICATION FORM FOR ISSUING CERTIFICATE**

**(For Students)**

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| **Applicant** |  | **Student No.** |  |
| **Nationality** |  | **Grade** |  |
| **Document Type** | □**Transcript**  □**Certificate for applying for clinical rotation**  □**Others:** | | |
| **Detail Reason for Your Request** | (If the certificate is required by an organization, the relvent official document should be attached.) | | |
| **Tuition Fees** | □**Paid off** □**Not paid off/ Owe semester** | | |
| **Ways to Get the Certificate** | **□Collect in person in the office**  **□Collect by friend or classmate in the office**  **□Email (PDF copy)**  **Email address：**  **NOTE: No post-service** | | |
| **Official Use** | | | |
| **Opinion** | **Signature: Date:** | | |

**Note:**

1. This form is only for students who are studying at the university, NOT for alumni.
2. No service for students who don’t pay off the tuition fees.
3. After passing the assessment, documents will be issued in 5-10 workdays. It will take more time in the holidays.
4. No post-service.