**淡江大學 學年度校際選課申請表**

**(□第1學期 □第2學期 □暑修上期 □暑修下期)**

**(淡江大學學生至他校選課)**

一、**申請：**

1、申請學生基本資料： 年 月 日

|  |  |  |  |
| --- | --- | --- | --- |
| 學系/年級/班別 | 姓名 | 學號 | 聯絡電話(手機) |
|  |  |  |  |

2、選課資料(請填寫對方學校之選課資料，並附該科**課程上課時間資訊**及**教學計畫表**)：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 開課學校 |  | | 開課學系 |  | 開課學制：□日間學制學士班□進修學士班  □碩士班□碩專班□博士班 | |
| 科目名稱 | 中文：  英文： | | | | 開課學期序：□單學期□學年課上學期  □學年課下學期 | |
| 學分數 |  | 上課日期 | ~ | | 上課時間 | 星期： 時間： |
| 全英語授課 | □是(請檢附證明)  □否 |

1. 選課原因：

□❶大學部尚缺必修科目(本校必修科目名稱: )

＊凡外校科目名稱、學期序與本校不同或學分數少於本校必修科目者，需檢附經本中心成績業務核准之「淡江大學學生替代科目申請表」影本，始可辦理申請校際選課。

□❷教育學程　　　　 　□❸校內輔系、雙主修(輔雙學系：)

□❹跨校輔系、雙主修　　　　　　　　　 　　　□❺跨領域多元修習

□❻其他原因(請詳述)：

1. 淡江大學審核：（教務處審核時間約3個工作天）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❶任課教師  (教育學程課程會簽師培中心) | | ❷系所主管 | | ❻教務長 |
| 請師培中心勾選(□專門課程、□專業課程) | |  | |  |
| 註冊課務發展中心 | | | |
| ❸課務業務(A209) | ❹成績業務(A210) | | ❺單位主管 |
|  |  | |  |

二、**接受選課學校核定：**

|  |  |  |
| --- | --- | --- |
| 開課單位審核 | 教務處審核 | 繳費(出納組) |
|  |  |  |

備註：1.跨校選課資料若有填寫不實，造成違反本校規定者，所屬責任由申請人自行負責。

2.他校選課程序完成後，本表單務必在一週內交回本校註冊課務發展中心，始完成選課。

3.因故無法於他校完成校際選課程序，請自行於本表註記原因交回本校註冊課務發展中心。

4.如欲退選，須經接受選課學校同意，填學生選課報告經所屬系主任簽核同意，並在該學期第13週前送註冊課務發展中心辦理。

**依個資保護法規定，本表單各項資料係僅作為業務處理需用，絕不轉做其他用途，將於資料處理完畢且保留至期限後，逕行銷毀。**

**Tamkang University Inter-University Course Selection Application Form**

Academic Year \_\_\_\_\_\_\_ (□Fall □Spring □Summer Session)

(Tamkang University Students Enrolling in Courses at Other Universities)

Ⅰ. Application:

1. Applicant Student Basic Information: Date(YYY/MM/DD): / /

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Year/Class | Name | Student ID | Phone (Mobile) |
|  |  |  |  |

2. Course Selection Information (Please fill in the course details from the host university and attach the course schedule and syllabus for the course):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Offering University |  | Offering Department | |  | Course Program:  **□** Undergraduate  **□** The Bachelor Program of Extension Education  **□** Master’s Program  **□** Executive Master’s Program  **□** Doctoral Program | |
| Course Title | Chinese:  English: | | | | Semester:  **□** Single Semester  **□** First Semester of Full-Year Course  **□** Second Semester of Full-Year Course | |
| Credits |  | | Class Dates | ~ | Class Time | Day:  Time: |
| Full English Instruction | **□**Yes (Please attach proof)  **□**No | |

3. Reason for Course Selection:

□❶ Still need to complete a required subject in undergraduate program (Name of required subject at this university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

＊If the course title, semester order, or credit hours from an external institution differ from those at this university, an "Tamkang University Student Substitute Course Application Form" (approved by the Academic Record Affairs) must be attached to apply for inter-university course selection.

□❷ Teacher Education

□❸ Internal Minor or Double Major (Minor/Major Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□❹ Cross-University Minor or Double Major

□❺ Interdisciplinary Studies

□❻ Other Reason (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Tamkang University Review:** (Review by the Office of Academic Affairs takes approximately 3 working days)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❶Instructor  (For Teacher Education courses, co-signed by Center for Teacher Education) | | ❷Department Chair | | ❻Dean of Academic Affairs |
| **Center for Teacher Education:** Please check  (□Specialized Course □Professional education Course) | |  | |  |
| Center for Registration-Curriculum Development | | | |
| ❸Curriculum Affairs  (Office A209) | ❹Academic Record Affairs(Office A210) | | ❺Director |
|  |  | |  |

Ⅱ. Approval from Course-Offering University:

|  |  |  |
| --- | --- | --- |
| Offering Department Review | Academic Affairs Office Review | Payment (Cashier Office) |
|  |  |  |

Notes：

1.If any incorrect information is provided for inter-university course registration that leads to a violation of university regulations, the applicant assumes full responsibility.

2.Once the course selection process at the other institution is completed, this form must be returned to the university’s Center for Registration-Curriculum Development within one week to finalize course enrollment.

3.If, for any reason, the inter-university course registration process cannot be completed at the other institution, please indicate the reason on this form and return it to the university’s Center for Registration-Curriculum Development.

4.To withdraw from a course, approval from the course-offering school is required. A Course Selection Report, signed by the applicant’s department head, must be submitted to the Center for Registration-Curriculum Development by the 13th week of the semester.

In accordance with the Personal Data Protection Act, all information on this form is used solely for administrative purposes and will not be used for any other purpose. The data will be destroyed once processing is complete and after the retention period expires.