

長榮大學學生資訊能力畢業門檻免修申請表

Chang Jung Christian University Student Information Proficiency Graduation
Criteria Waiver Application

申請日期： 年 月 日

Date of Application: ____ (yy) __ (mm) __ (dd)

<p>學號 Student Number</p>		<p>系別班級 Department and Class</p>	
<p>姓名 Name</p>		<p>聯絡電話 Telephone</p>	
<p>申請原因 Reason for Application</p>	<p>身心障礙學生，障礙類別： <input type="checkbox"/> 視覺障礙 <input type="checkbox"/> 肢體障礙-上肢障 <input type="checkbox"/> 智能障礙 <input type="checkbox"/> 自閉症 <input type="checkbox"/> 學習障礙 Student with physical or mental disability. Disability category: <input type="checkbox"/> Visual disability <input type="checkbox"/> Physical disability--Upper limbs <input type="checkbox"/> Cognitive disability <input type="checkbox"/> Autism <input type="checkbox"/> Learning disability</p>		
<p>檢附文件 (任一證明) Attached Documents (Select one)</p>	<p><input type="checkbox"/> 衛福部-身心障礙證明 <input type="checkbox"/> 教育部-特殊教育學生鑑定證明書 份 其他，說明： <input type="checkbox"/> Ministry of Health and Welfare-Physical and Mental Disability Certificate. <input type="checkbox"/> Ministry of Education-Special Education Student Certificate of Assessment ____ copy Other; please specify:</p>		
<p>班級導師 Class Advisor</p>	<p>意見： Opinion:</p> <p style="text-align: right;">簽章： Signature:</p>		

系所主任 Department Director	意見: Opinion: 簽章: Signature:
諮商中心 Counseling Center	符合 不符合 Qualified Not qualified 承辦人: Case Officer: 單位主管: Unit Director:
圖書資訊處 Office of Library and Information Services	登錄日期: 備註: 承辦人: Date of record: Notes: Case Officer: 單位主管: Unit Director:

註：符合「長榮大學學生資訊能力檢核實施辦法」第七條規定者，請填寫此表完成審核後，送至諮商中心彙整收齊後，再統一送圖書資訊處行政教學辦理免修登錄。

Note: Fill out this form if you meet the provisions of Article VII of the “Chang Jung Christian University Student Information Proficiency Test Regulations” must fill out this form. Completed reviews are sent to the Counseling Center for compilation and collectively submitted to the Administrative Teaching Section of Office of the Library and Information Services for waiver processing and registration.