

**Chang Gung University**

**Declaration of Parental/Guardian's Consent**

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_(student's name),  
a \_\_\_\_\_ student of the Department of \_\_\_\_\_, Chang Gung University. I do  
hereby consent to and authorize my minor child named above to

**( Please Check One: )**

☐ apply for suspension/ retention of student status from \_\_\_\_\_(date) to \_\_\_\_\_(date)

☐ apply for withdrawal from studies

on account of the fact that \_\_\_\_\_ .

I hereby certify that all information given in this form is complete and accurate. Please process  
his/her application according to the relevant regulations.

Parent/ Legal guardian's signature: \_\_\_\_\_

The relationship with student: \_\_\_\_\_

Date : \_\_\_\_\_