

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 : _____