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| Student Leave Form for TIGP-INS Program | | | | |
| **Please return the form to TIGP-INS office two weeks before you leave.** Remarks:   1. If the leave is more than 2 days, students are required to complete this form and submit to the office. 2. **If leave duration is more than 14 days, your stipend will be temporary suspended. Please report to TIGP-INS office in person on the day returning from leave of absence.** 3. Students who leave during semester must have both lecturer’s and course organizer’s consent. | | | | |
| **Student Name** |  | | **Reasons for leaving:**  Vacations Sick leave  Personal leave Marital leave  Other | |
| **Primary Advisor** |  | |
| **ARC Expiry Date**  (MM/DD/YY) |  | | **Do you plan to leave Taiwan?** | * YES □NO   Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Information** | Email: | | | |
| Phone: | | | |
| Address: | | | |
| **Leave duration** | From:  To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YY) | | Total of days | |
| **\*If leave duration is more than 14 days, your stipend will be temporary suspended. Please report to TIGP-INS office in person on the day returning from leave of absence.** | | | |
| **Class Missed** | Course Title/date  1.  2.  3.  4. | | Lecturer’s signature | |
| * I affirm that I have read and understood the remarks listed above.   **Student’s Signature: Date:** | | | | |
| **Advisor’s Signature**  **Date:** | | **Coordinator’s Signature**  **Date:** | | |