



Tzu Chi University

Parental Consent for Student's Leave of Absence/Withdrawal from Degree Plan

A. Student's Information:

Last or Family Name	First	Middle	Student ID#
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Department/Institute _____

B. Consent

I hereby give consent for my child named above

To take leave of absence

from Semester _____, Year _____

to Semester _____, Year _____

To extend leave of absence

from Semester _____, Year _____

to Semester _____, Year _____

To withdraw from the degree plan, effective _____

Parent's Signature _____ Print Name _____ Date _____