**Request Form for Vacation**

**Section 1: Applicant Request**

**To be completed by the applicant (Section 1 only).**

**Please fill each of the following fields, otherwise we cannot respond to your request.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | **Student ID:** | | |  | |
| **Study Program:** |  | | **GPA:** | | |  | |
| **Email Address:** |  | | **Contact Number:** | | |  | |
| **Year of Admission to GTIIT:** |  | | **Dates of previous vacation period:** | | |  | |
| **Give details of previous vacation approved by School or Undergraduate Studies (if any):** | | | | | | | |
|  | | | | | | | |
| **Vacation Dates - not exceeding one year** | | | | | | | |
| **Start** (yyyy/mm/dd):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Until:** (yyyy/mm/dd):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Last Date of Attendance** (yyyy/mm/dd): | | |  | | | |  |
| Please refer to the*Undergraduate Studies - Rules and Regulations* *and Regulations of Student Status Management* on Moodle before submitting the request. | | | | | | | |
| **Reasons for Suspension:** | 🞎 Financial difficulties | | | | | | |
| 🞎 Study difficulties | | | | | | |
| 🞎 Having difficulty adapting campus life | | | | | | |
| 🞎 Physical or mental health | | | | | | |
| 🞎 Personal issue（事假） | | | | | | |
| 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Detailed reasons for vacation:** | | | | | | | |
| **Student Declaration:**  I hereby declare that I have read, reviewed and understood the relevant rules and regulations. If the deferral is approved, I will abide by its conditions. I understand that my scholarship can be influenced by this request. I have consulted with an advisor before I submit the request.  I hereby declare that all the above information is true. If there is any false detected, I would like to undertake all corresponding responsibilities.  I acknowledge that resuming my studies is not granted and depends on approval of the head of my study program and the GTIIT Dean of undergraduate studies.  I acknowledge that I know that students are required to complete their studies in up to 6 years from the date of admission to GTIIT. | | | | | | | |
| **Signature of Student:** |  | | | | **Date:** | |  |
| **Signature of Program Advisor:** |  | **Position:** | |  | **Date:** | |  |
| \*Please note that your parents or guardian will be notified if you request to the vacation due to personal issue. | | | | | | | |

**Please email the completed form to Undergraduate Studies.**

**Section 2: School Recommendation**

**To be completed by the head of the study program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Staff Member:** |  | | |
| **Position:** |  | | |
| **Recommendation:** | | | |
| **Deferring studies:** |  | | |
| **Deferring scholarship:** |  | | |
| **Signature:** |  | **Date:** |  |

**Section 3: Dean Authorization**

**To be completed by the Dean.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Section 4: VC Authorization**

**To be completed by the VC.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |