

Application Form for Installment Payment/Deferred Payment of Tuition and Miscellaneous Fees of CYCU for _____ semester of _____ school year

Name		Class/ Department		Identity	<input type="checkbox"/> General student Registered Residence: _____ <input type="checkbox"/> Overseas Chinese student Home country: _____ <input type="checkbox"/> Foreign student Nationality: _____
Student ID		Mobile No.:		E-mail	
		Tel. No.			
Status of family				Cause	
Number of family members: ___ persons Number of employees: ___ persons Number of students: College ___ persons; Senior high school ___ persons Household's total monthly income: _____ NT\$ Total income for the most recent year: _____ NT\$ Real property: <input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> None Government subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No				※ Please check the following items according to the actual conditions: <input type="checkbox"/> Have economic difficulty due to domestic calamity <input type="checkbox"/> Parent's unemployment: with related proof <input type="checkbox"/> Student's unemployment: with related proof <input type="checkbox"/> Family member's critical illness: with a photocopy of the certificate of medical treatment or diagnosis/catastrophic illness card <input type="checkbox"/> Wind disaster/flood/fire: with the certificate or photo showing the disaster/flood/fire issued by the relevant authority. <input type="checkbox"/> Others _____	
Mode of Installment Payment				Submissions	
*Application for installment payment _____ semester			Payable amount (To be authorized by Accounting Office)	Due date of payment (To be registered by the undertaker)	<input type="checkbox"/> Report on the cause of application <input type="checkbox"/> Tuition and miscellaneous fee billing statement <input type="checkbox"/> Household registration transcript (or related certificate) <input type="checkbox"/> Statement of income for the most recent year (the applicant per se, or his/her spouse and parents) <input type="checkbox"/> Other certificates (To be submitted based on said conditions as checked)
Installment	<input type="checkbox"/> First semester	<input type="checkbox"/> Second semester			
I.	By registration date	By registration date			
II.	By October 31	By March 31			
III.	By November 30	By April 30			
*Each installment payment shall be 1/3 of the total tuition and miscellaneous fees.					
Signature/seal by the Applicant				Signature/seal by the parent	
I am willing to comply with the "CYCU Regulations Governing Installment Payment of Tuition and Miscellaneous Fees", and settle the payable accounts by the due date for each installment payment in accordance with said requirements; otherwise, I am willing to <u>take the punishment under Article 9 of said Regulations.</u>				I hereby certify that I understand the relevant requirements and agree my son/daughter to apply for the installment payment and make the same as scheduled.	
_____ MM/DD/YYYY				_____ MM/DD/YYYY	
Comments and signature/seal by Advisor				Comments and signature/seal by Chair of the Department	
_____ MM/DD/YYYY				_____ MM/DD/YYYY	
Undertaking Unit				Authorized by Dean of Student Affairs	

Notes:

1. **The applicant shall complete the information above the double lines**, and submit the same together with the required submissions to the Student Advising Division of the Office of Student Affairs.
2. Upon approval, the original documents shall be submitted to the Accounting Office for record, and the duplicates thereof to the applicant, Cashier Division, Curriculum and Registration Division and Student Advising Division.
3. Repayment procedure: Claim the bill from Cashier Division → Pay to Mega Bank → Verified and registered by Student Advising Division.
4. The Regulations are only applicable to the installment payment for tuition and miscellaneous fees, while the other fees shall be paid in a lump sum.
5. In order to review the applicant’s qualification for installment payment, CYCU must access the information about the applicant’s identity, characteristics, family status, financial position, family members’ economic/health medical treatment conditions (to provide the household registration transcript, statement of income and others related certificates) as the reference for review on the qualifications in the duration of the application and within the relevant district. The applicant may exercise such rights as request to inquire, access, supplement or correct the personal information, to make duplications thereof, to discontinue collection, processing and utilization of the personal information, and to delete the personal information pursuant to laws. Please contact the “Student Advising Division” at 03-265-2113. (Note: If no complete information is provided, the assessment on the applicant’s qualification will be affected accordingly.)

Accounting Office (original copy)	Curriculum and Registration Division	Cashier Division	Student applicant

CYCU Report on Cause of Application for Installment Payment

Applicant:

Comments and signature/seal by Department Military Instructor

Student, _____, took the counseling on MM/DD/YY.

Department military instructor:

Chief of the Student Advising Division: