CYCU Behavior Guidance Application Form for Cancellation of Major Demerit

Student	Name	Student ID	cudent ID Department/Grade		Tel. No. (Mobile)	
applying for cancellation of						
demerit	Cause of punishment:					
Campus-service work plan	To be completed by the	e student independently	v. Please specify the e	ntity name and jo	b descriptions.	
Faculty counselor	Department military instructor	☐ Applicati approved ☐ Applicati rejected ☐ Others	on Advisor		☐ Application approved ☐ Application rejected ☐ Others	
	Chair of the department ☐ Application approved ☐ Application rejected ☐ Others					
Primary review result	Student Advising Division	☐ Applicati approved ☐ Applicati rejected ☐ Others	Dean of		☐ Application approved ☐ Application rejected ☐ Others	
Upon receipt of the approval by the primary review, please claim the "Campus-Service Record Sheet" from the undertaker of the Student Advising Division.						
Counseling result	Chief of the Student Advising Division 1. □Cancellation of 2. □Cancellation of	Dean of Student Aff the demerit approved the demerit rejected		Campus-service Record Sheet No.	DD)	
Remark	 Others					

Deadline: _____(MM/DD/YYYY)