

## Deferred Payment Application Form

Name of Student:

ID Number:

Department:

For the reasons: \_\_\_\_\_, are unable

within the prescribed period to pay  registration and miscellaneous fees  credit fees. Please

allow the deferred payment, and the payment will be completed before \_\_\_\_day\_\_month\_\_\_\_year.

Application Date:

Tutor:

Chairman of Department:

Dean of College:

Office of International and Cross-strait Affairs

Division of Registry Office