

Authorization Letter

I, _____, can't address _____ in person,
hereby authorized _____, to apply/transact on my behalf, and
confirm with full legal responsibility for any perjuries found.

The above statement is addressed to Registration Section, Taipei Medical University.

Signature of authorizer :

Name : _____ (Personal signature)

Student ID : _____

Alien. Resident Certificate ID No. : _____

Contact Telephone No. : _____

Signature of proxy

(The proxy who be authorized to transact for graduation/ withdrawal procedure has to bring own identification and the student ID card of authorizer.)

Name : _____ (Personal signature)

Student ID : _____

Alien. Resident Certificate ID No. : _____

Contact Telephone No. : _____

Date: D D / M M / Y Y Y Y