**Application of Probation of Study**

**(退学试读申请表)**

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| **Name** |  | **Student No.** |  | **Class** |  |
| **College** |  | **Major** |  | **Target Class** |  |
| **Contact Number** |  | | **Email** |  | |
| **Credits** | Required Credits: ；Obtained Credits: ；Lacked credits: | | | | |
| Requirements | Students should handle the formalities within 2 weeks after semester begins. Students who fail in finishing the formalities before the deadline will be ordered to quit schooling according to Article 29 of *Regulations on Student Status of Undergraduate International Students of NUAA*. | | | | |
| Financial Department:  Stamp  Year Month Day | | | IC Card Office:    Stamp  Year Month Day | | |

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| **Personal Study Plan**  Personal Study Plan should give priority to retaking failed courses. Total credits of one academic year should be less than 50 credits. | | | | | | |
| 20 —20 Academic Year Semester | | | | 20 —20 Academic Year Semester | | |
| Courses | | Type of Course | Credits | Courses | Type of Course | Credits |
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| Total credits | | |  | Total credits | |  |
| In the duration of probation of study, students will be assessed according to personal study plan. If the obtained credits are up to 70%, the students are regarded as passing the assessment; otherwise, it means students fail in the assessment and should quit schooling.  I understand the above mentioned requirements and obey it strictly.    Signature ： Year Month Day | | | | | | |
| Parent Opinion | I have already known the regulations about probation, and agree to the above study plan and will carry out according to the plan.  Parent Signature（only parent can do the sign）：  Year Month Day | | | | | |
| Confirmation of Parent Opinion | Parents already come to school and have known about the probation condition and requirements of student.  Coordinator's signature： Year Month Day | | | | | |
| College Opinion | Approve the listed personal plan and will supervise and urge students to study hard.  Academic Deputy Dean's signature： Deputy Secretary Signature:  Year Month Day | | | | | |

Note: The original form should be hand in to college academic teacher, and three copies should be kept by academic department , coordinator and student yourself.