**I-SHOU UNIVERSITY**

**Application Form for Access to the Medical Campus During Curfew**

Date: (M) (D) (Y)

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| **Unit / Dept.** | **Name** | **Faculty/Staff ID No.****(Student No.)** | **Location (No.)** | **Remarks** |
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| Purpose: |
| **Applying Unit** | **Countersigning Unit** | **Office of General Affairs** |
| Applicant | Head of the Unit | Laboratory Manager | Staffer-in-charge | Section Chief of General Affairs Section | Dean |
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