**Power of Attorney**

I, the Applicant, hereby authorize 　　　　　　　 to apply to I-Shou University for □ the receipt of the tuition and other required fees (Department of ; Student No.: ) □ Others (please specify):

because □ I am unable to apply in person for some reason □ I have to work □ It takes much time to arrive at ISU.

Applicant:　　　　　　　　　　　　(Signature/Seal)

National ID No. (ARC No. / Passport No.):

Phone:

Agent: 　　　　 (Signature/Seal)

National ID No. (ARC No. / Passport No.):

Phone:

Date: 　　 　/　 　　/　 　　(Y/M/D)

**Note: The Applicant and the Agent are held legally accountable for the truth and accuracy of this Power of Attorney.**

**\* Pursuant to the laws relating to personal data management, the personal information provided herein will be used only for official purposes and destroyed upon the expiration of the safekeeping period.**