Power of Attorney

I, the Applicant, hereby authorize			to apply to)
I-Shou University for	or 🗌 the	receipt of t	the tuition and othe	r
required fees (Dep	artment o	f	; Studen	t
No.:) 🗌 Otl	hers (please	specify):	_
because 🗌 I am una	ble to appl	y in person	for some reason	I
have to work 🗌 It ta	kes much t	ime to arrive	e at ISU.	
Applicant:		(Si	gnature/Seal)	
National ID No. (AR	C No. / Pas	ssport No.):		
Phone:				
Agent:		(2	Signature/Seal)	
National ID No. (AR	C No. / Pas	ssport 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.