**Recognizance for FAS Workshop Application**



I, (sign fully name)

have fully reviewed the 【Agreements for FSA Workshop】 and recognized the responsibilities and obligations for using the workshop that I have applied, also I entirely agree to comply with all the aforementioned agreements. Meanwhile, I will fully accept any penalty without any dissent for the violation(s) that I violate.

 / / (MM/DD/YYYY)

Name:

Student ID No:

□ Undergraduate Program Year: Major:

 □ Senior student, a refundable deposit of NT$ 500.00 is required.

□ Graduate Program

Contact Information:

**Phone: Cell phone:**

**E-mail:**

**Mailing Address:**

**Workshop: Number of Work Area:**

All workshops for opening to be applied will be assigned by number, for example:

「Workshop: F301-2F Number of Work Area: 11」.

**Using Period:**  from / / to / /

 (MM / DD / YY ) (MM / DD / YY )

**Approval Stamp by FAD Student Association:**

**Approval Stamp by Office of FAD:**