Tzu Chi University of Science and Technology

Swimming Capability Test Completion Waiver Form

Name		Student ID .No		Application date	
Department			Grade		
E-mail			Tel		
Application item: □ Swimming capability test completion					
Attached information for the waiver application: □ Doctor's diagnosis from a regional hospital □ Semester report card					
Description:					
Case officer: Receiving date:					

Review result

Initial review by a Department of Physical Education case officer	Department of Physical Education Director
□ Participation in the swimming capability test not required □ Opinion for disagreement:	□ Participation in the swimming capability test not required □ Opinion for disagreement: (Signature/stamp) _____