2024/9/3

**Student Exchange Application Form**

1. Personal Information & Contact Information

|  |  |
| --- | --- |
| 申請計畫 Program | 🗆交換學生 Exchange Student Program🗆訪問學生 Visiting Student Program (Fee-paying program) |
| 姓名Full Name | 中文Chinese Name | Enter your Chinese Name |  |
| 英文English Name | Enter your English Name |
| 學號Student Number | Filled by OIA, NCNU |
| 出生日期Date of Birth | Choose your Birthday | 性別Gender | Select |
| 護照號碼Passport Number | Passport Number | 國籍Nationality | Enter your Nationality |
| 電子信箱E-mail Address | Enter your E-mail address | 行動電話Mobile Phone | With country code, ex: +886, +81… |
| 聯絡地址Home Address | Postal Code | Enter your address |
| -緊急聯絡人Emergency Contact- |
| 聯絡人姓名Contact Person | Enter name of your contact person |
| 關係Relationship | What’s the relationship between you and your contact person  |
| 地址Address | Enter address of your contact person |

1. Study Information

|  |  |
| --- | --- |
| 原就讀校名Home University | Full name of Home University |
| 原就讀系所Department | [ ] 學士Bachelor Grade | [ ] 碩士Master Grade | [ ] 博士Ph.D Grade |
| Enter full name of your department in Home University |
| 申請暨大系所Department in NCNU | [ ] 學士Bachelor Grade | [ ] 碩士Master Grade | [ ] 博士Ph.D Grade |
| Enter full name of the department you want to apply in NCNU |
| 修讀期間Study Period | 預計入學時間Date of Prospective Entry | Choose your Prospective Entry Date |
| 期間Duration | Choose your stay duration |

1. Language Background (Please attach certificate)

|  |  |
| --- | --- |
| 曾經修讀中文Chinese Background | [ ]  Yes, I’ve learned Chinese for Please state the period. Ex: 1 year / 200 hrs  |
| [ ]  No  |
| 英語能力English Proficiency | 🞏TOEIC 🞏IELTS 🞏TOFEL🞏Others (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 其他外語能力Other Language Proficiency  | 🞏French 🞏Spanish🞏German 🞏Others (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_)🞏Japanese |

1. Accommodation

|  |  |
| --- | --- |
| 是否申請學校宿舍Apply for dormitory | [ ]  Yes [ ]  No  |

1. Required Documents Check List

|  |  |
| --- | --- |
| 須備文件清單Required DocumentsCheck List | ☐ 入學申請表Exchange Student Application Form☐ 護照影本Passport Copy☐ 歷年成績單 Official English Transcript☐ 推薦信 Recommendation Letter☐ 在學證明書Proof of Enrollment☐ 留學計畫書(含自傳) Study plan written in English (incl. Autobiography)☐ 短期研修健康檢查項目表Health Certificate for Short-Term Students |

**本人保證以上資料均由本人填寫，正確無誤。**

**I certify that I have completed this application form by myself, and that all the information I have given is true and correct to the best of my knowledge.**

申請人簽名Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期Date / /

( mm / dd / yyyy )

After completion, please send the appointed items with electrical form to oiancnu@gmail.com and mail it via post to the following address:

**Division of International Affairs,**

**Office of International and Cross-Strait Affairs,**

**National Chi Nan University**

**54561, 1st University Rd, Puli, Nantou, R.O.C., Taiwan.**

**Contact number: +886 492 912 360**

**短期研修健康檢查項目表**

**Health Certificate for Short-Term Students**

(醫院名稱、地址、電話、傳真)

檢查日期 / Date of Examination

YYYY / MM / DD

(Hospital’s Name, Address, Tel, Fax)

**基 本 資 料 / Basic Data**

|  |  |
| --- | --- |
| **姓名**：**Name** | **性別**：□ **男 / M** □ **女 / F****Sex** |
| **國籍**：**Nationality** | **護照號碼**：**Passport No.** |
| **出生年月日**：YYYY / MM / DD**Date of Birth** |  |

**實 驗 室 檢 查 / Laboratory Examinations**

|  |
| --- |
| **A. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella** **Antibody or Measles and Rubella Vaccination Certificates：**a. 抗體檢查/ Antibody Tests 麻疹抗體/ Measles Antibody □ 陽性/ Positive □ 陰性/ Negative □ 未確定/ Equivocal 德國麻疹抗體 / Rubella Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定/ Equivocalb. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼 時接種證明，其接種年齡必須大於1歲。/ The certificate should include the date of vaccination, the  name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after oneyear of age.) □ 麻疹預防接種證明 / Measles Vaccination Certificate □ 德國麻疹預防接種證明 / Rubella Vaccination Certificatec. □ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination**B. 胸部X光肺結核檢查 / Chest X-ray for Tuberculosis：**X光發現 / Findings： 判定 / Result：□ 合格 / Passed □ 疑似肺結核 / TB suspect □ 無法確認診斷 / Pending □ 不合格 / Failed□ 孕婦免驗 / Not required for pregnant women |

健康檢查總結果 / The final result of health examination：

□ 合格 / Passed □ 須進一步檢查 / Need further examinations □ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist：

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date：YYYY / MM / DD

備註 / Note：本表為來臺短期研修停留之健康檢查項目表。表單格式僅供參考，學生可分別檢具預防接種證明及胸部X光檢查報告。/ This form lists the required medical examination items for students applying for short-term study in Taiwan.This form is only used for reference, students may submit a copy of vaccination certificates and the chest X-ray report instead of completing this form.

 本證明三個月內有效。 / The certificate is valid for three months.

**麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明(二擇一)**

**Proof of Positive Measles and Rubella Antibody or Measles and Rubella**

**Vaccination Certificates (alternative)**

**基 本 資 料 / Basic Data**

|  |  |
| --- | --- |
| **姓名**：**Name** | **性別**：□ **男 / M** □ **女 / F****Sex** |
| **國籍**：**Nationality** | **護照號碼**：**Passport No.** |
| **出生年月日**：YYYY / MM / DD**Date of Birth** |  |

a. 抗體檢查 / Antibody Tests

 麻疹抗體 / Measles Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

 德國麻疹抗體 / Rubella Antibody □ 陽性 / Positive □ 陰性 / Negative □ 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時

 接種證明，其接種年齡必須大於1歲。 / The certificate should include the date of vaccination, the

 name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination

certificate is submitted, it is important to include the record of the vaccines administered only after one

 year of age.)

 □ 麻疹預防接種證明 / Measles Vaccination Certificate

 □ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. □ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

負責醫檢師簽章 / Signature of Chief Medical Technologist：

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date of Examination：YYYY / MM / DD

**胸部X光肺結核檢查報告**

**Chest X-ray for Tuberculosis Report**

**基 本 資 料 / Basic Data**

|  |  |
| --- | --- |
| **姓名**：**Name** | **性別**：□ **男 / M** □ **女 / F****Sex** |
| **國籍**：**Nationality** | **護照號碼**：**Passport No.** |
| **出生年月日**：YYYY / MM / DD**Date of Birth** |  |

X光發現 / Findings：

判定 / Result：

□ 合格 / Passed □ 疑似肺結核 / TB suspect □ 無法確認診斷 / Pending □ 不合格 / Failed

□ 孕婦免驗 / Not required for pregnant women

負責醫師簽章 / Signature of Chief Physician：

醫院負責人簽章 / Signature of Superintendent：

日期 / Date of Examination：YYYY / MM / DD

備註 / Note：本證明三個月內有效。 / The certificate is valid for three months.