2023/4/1

**Student Exchange Application Form**

1. Personal Information & Contact Information

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| 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

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| --- | --- |
| 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)

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| 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)☐ 麻疹、腮腺炎、德國麻疹混合疫苗(MMR)接種須知及同意書  Measles, Mumps and Rubella (MMR) Vaccine Information Statement and  Consent Form (Form C)☐ 近3個月內旅遊史 Travel history within 3 month |

**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**

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| **短期研修健康檢查表（丙表）參考用****Medical Examination Requirements for Short-Term Students（Form C）For Reference Only** | Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_(Ｍ) (Ｄ) (Ｙ) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基 本 資 料** (**Basic data)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | ： |  |  | 性別  | ： | □男Male | □女Female |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Sex |
| 身份證字號 | ： |  |  | 護照號碼 | ： |  |
| ID No. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Passport No. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 出生年月日 | ： | ––––– | / | ––––– | / | ––––– |  |  |  |  |
| Date of Birth |  |  |  |

 **檢　查 項 目 (Items required)**

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| --- |
| **A. 麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明（Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella Immunization Certificates）：**a.抗體檢查Antibody Test  麻疹抗體Measles antibody titer □陽性 Positive □陰性 Negative □未確定（Equivocal） 德國麻疹(風疹)抗體Rubella antibody titer □陽性 Positive □陰性 Negative □未確定（Equivocal）b.預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時接種紀錄，其接種年齡必須大於1歲。) (The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record 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 Immunization Certificate □德國麻疹(風疹)預防接種證明Rubella Immunization Certificate c. □經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination) |
| **B. 胸部X光檢查肺結核（ChestＸ-Ray for Tuberculosis）：** X光發現(X-ray Findings)： 判定(Results)：□合格(Passed) □疑似肺結核(TB Suspect) □須進一步診斷( Pending) □不合格(Failed)□孕婦免驗 (Maternity Exemption) |

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備註(Note)：

一、本表為外籍學生、大陸及港澳地區學生來臺停留研修之健康檢查項目表。本表僅供參考用，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 immunization certificates and the chestＸ-ray report instead of completing this form.

二、**根據以上對 先生/女士/小姐之檢查結果為**

 **□合格 □不合格 □須進一步檢查**

 **Results：According to the above medical report of Mr./Mrs./Ms. , he/she**

 **□has passed the examination □has failed the examination □needs further examination.**

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| --- | --- | --- | --- |
|   | ： |  | （Name ＆ Signature） |
| (Chief Medical Technologist) |
|  |  |  |  |
|  | ： |  | （Name ＆ Signature） |
| ( Chief Physician ) |
|  |  |  |  |
|  | ： |  | （Name ＆ Signature） |
| ( Superintendent ) |

日期（Date）： / /