

# Kaohsiung Medical University

## International Students Grant Application Form

Academic Year: \_\_\_\_\_

**申請入學新生 *Potential KMU student***

請連同所有申請入學文件一併繳交至教務處。

*This grant application form must be submitted along with all application documents for admission to the Office of Academic Affairs.*

**在校生 *Current KMU student***

請檢附在學期間成績單向國際事務中心提出申請。

*This grant application form must be submitted along with transcript of all academic years to the Center for International Affairs.*

### 基本資料(General Information)

姓名(Name): \_\_\_\_\_

性別(Gender):  男(M)  女(F)

國籍(Nationality): \_\_\_\_\_

通訊地址(Mailing address): \_\_\_\_\_

聯絡電話(Phone number): ( ) \_\_\_\_\_

電子郵件(E-mail): \_\_\_\_\_

攻讀學位(Degree pursuing):  碩士(Master's)  博士(Doctoral)

目前是否有申請其他獎學金？

(Are you currently receiving or applying for any other scholarship?)

有(Yes) 獎學金名稱(Name of scholarship): \_\_\_\_\_

沒有(No)

### 學歷背景 (Education Background)

學校名稱 (Name of Institution)	在學期間 (Duration of Study)	學位 (Degree)	主修領域 (Major)

### 社團活動 (Extracurricular Activities)

起迄時間 (Period)	活動內容 (Description of Activity)	主辦機關 (Name of Institution)

### 自傳 (Autobiography)

字數約 300 字以內。(word count: within 300 words)

推薦人(References) — enclosed with two reference letters

姓名(Name A): \_\_\_\_\_ 關係(Relation to applicant): \_\_\_\_\_

職位(Title of duties): \_\_\_\_\_

電話(Phone number): (    ) \_\_\_\_\_

姓名(Name B): \_\_\_\_\_ 關係(Relation to applicant): \_\_\_\_\_

職位(Title of duties): \_\_\_\_\_

電話(Phone number): (    ) \_\_\_\_\_

### 聲明(Declaration)

上述所陳之任一事項同意授權貴校查證，如有不實或不符規定等情事，若於入學後經查證屬實者，本人願接受學校撤銷助學金資格，絕無異議。

I authorize this University to verify all of the above information provided. After being admitted into KMU, if any of the information provided are found and proved to be false, I have no objections in accepting the consequence of having my grant status revoked.

申請人簽名(Applicant's Signature): \_\_\_\_\_

日期(Date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
年(Year) 月(Month) 日(Day)

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