International Inbound Exchange/ Dual-Degree Application

國立高雄師範大學國外姐妹校交換生/雙聯申請資料表

<Please **type in** your information in this form>

**Program Detail**

|  |  |  |
| --- | --- | --- |
| \*Proposed period of study 入學日期  From / 　(YYYY/MM)  To / 　(YYYY/MM) | \*Length of study 幾學期  1 Semester 一學期  2 Semesters 兩學期 | \*Identity 身分別  Exchange交換  Dual-Degree雙聯 |

**Student Information** 學生資料

|  |  |  |
| --- | --- | --- |
| Chinese Name 中文名 | \*Gender 性別  \*ID Photo兩吋相片  35x45 mm  -JPG format, up to 512kb  -Taken within the last six months.  -Plain Background only. No patterns or prints.  Male 男  Female 女 | |
| First Name 英文名  \* | Middle Name | Last Name英文姓  \* | |
| \* Date of Birth 生日  (YYYY/MM/DD) | \*年齢Age at the enrollment | |
| \*Passport Number 護照號碼 | \* Passport Valid Date  (YYYY/MM/DD) | |
| \*Nationality | \*Religion | |
| \*Native Language | \*Other Language (s) | |
| \*Phone 電話 | \*E-mail 電子信箱 | | | |
| \*Post Code 郵遞區號 | \*Permanent Address 永久住址 | | | |

**Emergency Contact緊急聯絡人**

|  |  |  |
| --- | --- | --- |
| \* Guardian's Name 姓名 | \*Relationship  關係 | \*Address 住址 |
| \*Phone 電話 - - | \*E-mail 電子信箱 | |

**Emergency Contact in Taiwan**在台聯絡人

|  |  |  |  |
| --- | --- | --- | --- |
| Name 姓名 | Relationship  關係 | Phone 電話 ＋886 - - | Address 住址 |

**Home Institution Information** 原就讀學校資料

|  |  |
| --- | --- |
| \*Country 國家 | \*Name of University currently attending 原學校名 |
| \*Major ( and minor if applicable) 主修與副修 | |
| \*Currently pursued Degree 目前學位  Bachelor 學士  Master 碩士  Doctor 博士 | |
| \*Current Grade 目前年級  1  2  3  4  Other: | |
| \*Cumulative GPA: | |

**Home Institution Contact Information** 原就讀學校聯絡人

|  |  |
| --- | --- |
| \*Name of Office | \*Name of Person in Charge |
| \*Mailing Address | |
| \*Email Address | |
| \*Contact Number | |

**Language Level** 語言程度Either Chinese or English above Intermediate level is recommended.

|  |  |  |
| --- | --- | --- |
|  | \*English 英語 | \*Chinese 中文 |
| \*Please indicate your  proficiency | Excellent Good Fair Poor | Excellent Good Fair Poor |
| \*Language Proficiency  Test Name/Score | / | / |

**Medical History**

\*Please tell us about your physical, mental, health-related conditions and medical conditions, including the medications you are on for long-term treatment, allergies, chronic illness or special needs, etc. 請告訴我們您的健康與身心狀況，包括您為長期治療而服用的藥物、過敏、慢性病或特殊需要等。

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**NKNU Application Information** 高師大申請項目

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| --- |
| \*Which department or graduate institute do you expect to study in NKNU? 申請系所 |
| \* Which Level 申請等級  Bachelor 學士  Master 碩士  Doctor 博士 |
| \* Which Grade 申請年級  1  2  3  4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Program Type 申請類別 | Tuition Fee **Waived Exchange program** 公費生（免繳學費，需繳住宿費）  Tuition Fee **Paying Visiting program** 自費生（需繳學費，需繳住宿費） | | | |
| OFFICIAL USE ONLY | **紅色框內之內容由我校填寫，申請人勿填。**  **The box below is filled in by NKNU, applicants DO NOT fill in.** | | | |
| Office of  International Affairs  國際處 | |  | | |
| Departments/Institutes  系 所 | |  | Colleges  學 院 |  |

**Study Plan**

**with motivation and personal statement**

Please write your study plan below.

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**Note**

The study plan is to explain why you would like to apply for NKNU. What topic or area do you want to achieve, or what courses are your specific interests? What experience you have that led you to this decision? A personal statement is usually more personal and refer to the past experience, and your background.

Knowing about your main purpose, activities, personal philosophy and interests will help us to shape the kind of student you are and a better idea if you would be a good fit for our program.

Authorization Letter for Emergency Treatment

緊急事件授權同意書

本人於下述學年與學期入學，就讀於下述國立高雄師範大學系/所，因緊急事件需要

I am enrolled in department/Institute of at NKNU from Year (Fall/ Spring) Semester. In case of emergency, I hereby

＊請勿同時勾選同意以及不同意之選項。Please select only one option.

同意授權貴校或相關人員代為簽具醫療、意外、法律等一切緊急事件同意書，本人願承擔一切風險。

Agree and allow NKNU or its employees to act and to obtain any medical care and treatment required in the case of an accident or recourse on legal issues. I hereby declare myself willing to take this responsibility.

不同意授權貴校或相關人員代為簽具醫療、意外、法律等一切緊急事件同意書，本人願承擔一切責任。

Disagree and do not allow NKNU or its employees to act and to obtain any medical care and treatment required in the case of an accident or recourse on legal issues. I hereby declare myself willing to take this responsibility.

此致 To

國立高雄師範大學 National Kaohsiung Normal University

**立書人/Applicant’ Signature:**

(未滿18歲者由法定代理人簽署

/For minors under the age of 18, the applicant is the legal representative)

電話號碼/Telephone Number:

在臺緊急聯絡人/Emergency Contact Person(Taiwan):

緊急連絡電話/Emergency Telephone Number:

立書日期/Date of Authority (YYYY/ MM/ DD):

**Financial Affidavit for International Students**

**國際學生財務聲明書**

**Student Applicant Name:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I will have the minimum available for the cost to study at National Kaohsiung Normal University. (\*Minimum funds needed for 1 semester: USD 4,000; Minimum funds needed for 2 semesters: USD 8,000)

I further certify that information below is complete and accurate to the best of my knowledge without evasion or misrepresentation. I understand that if it is later found to be inaccurate or intentionally falsified, it is my responsibility of all fees and deposits.

本人證明，我擁有在國立高雄師範大學學習期間的最低預估資金。 （\*1個學期所需的最低資金：4,000美元；2個學期所需的最低資金：8,000美元）

我進一步證明以下資訊完整和準確，無迴避或虛假。我了解，如果之後發現它不正確，學生須自行承擔後果。

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| --- |
| **Student’s Personal Funds** USD:  Signature: Date: |
| **Funds from Family** USD:  Name of Sponsor:  Relationship to Applicant:  Tel: Email:  Mailing Address:  Signature: Date: |
| **Funds from Scholarship** USD:  Name of Fund or Scholarship: |