

## Student Exchange Application Form

### A. Personal Information & Contact Information

申請計畫 Program	<input type="checkbox"/> 交換學生 Exchange Student Program  <input type="checkbox"/> 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		

### B. Study Information

原就讀校名 Home University	Full name of <u>Home University</u>	
原就讀系所 Department	<input type="checkbox"/> 學士 Bachelor Grade <input type="checkbox"/> 碩士 Master Grade <input type="checkbox"/> 博士 Ph.D Grade Enter full name of your <u>department</u> in Home University	
申請暨大系所 Department in NCNU	<input type="checkbox"/> 學士 Bachelor Grade <input type="checkbox"/> 碩士 Master Grade <input type="checkbox"/> 博士 Ph.D Grade Enter full name of the <u>department</u> 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

### C. Language Background (Please attach certificate)

曾經修讀中文 Chinese Background	<input type="checkbox"/> Yes, I've learned Chinese for Please state the period. Ex: 1 year / 200 hrs <input type="checkbox"/> No
英語能力 English Proficiency	<input type="checkbox"/> TOEIC <input type="checkbox"/> IELTS <input type="checkbox"/> TOFEL <input type="checkbox"/> Others (please specify: _____)
其他外語能力 Other Language Proficiency	<input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> German <input type="checkbox"/> Others (Please specify: _____) <input type="checkbox"/> Japanese

### D. Accommodation

是否申請學校宿舍 Apply for dormitory	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### E. Required Documents Check List

須備文件清單 Required Documents Check List	<input type="checkbox"/> 入學申請表 Exchange Student Application Form  <input type="checkbox"/> 護照影本 Passport Copy  <input type="checkbox"/> 歷年成績單 Official English Transcript  <input type="checkbox"/> 推薦信 Recommendation Letter  <input type="checkbox"/> 在學證明書 Proof of Enrollment  <input type="checkbox"/> 留學計畫書(含自傳) Study plan written in English (incl. Autobiography)  <input type="checkbox"/> 短期研修健康檢查項目表 Health Certificate for Short-Term Students
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**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](mailto: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, 1<sup>st</sup> 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)  
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination  
YYYY / MM / DD

### 基本資料 / Basic Data

姓名 : Name	性別 Sex : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F
國籍 : Nationality	護照 Passport No.
出生年月日 : <u>YYYY / MM / DD</u> 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 / 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

#### 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**

<b>姓名</b> Name :	<b>性別</b> Sex : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F
<b>國籍</b> Nationality :	<b>護照</b> Passport No. :
<b>出生年月日</b> Date of Birth : <u>YYYY</u> / <u>MM</u> / <u>DD</u>	

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 Sex : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F
國籍 Nationality :	護照 Passport No. :
出生年月日 Date of Birth : <u>YYYY</u> / <u>MM</u> / <u>DD</u>	

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.