



Appendix 1: Application Form for International Students Kaohsiung Medical University

According to regulations of the Ministry of Education and the Ministry of the Interior, applicants must submit his/her birth certificate, certifications of the parents and any document that proves their parental relationship. Documents that certify the applicant's nationality are also mandatory.

Which department/ graduate institute and degree do you wish to apply?

➤ Department/ graduate institute: _____

➤ Degree: Undergraduate Program Master's Program Ph.D. Program

This filed is required for who wish to apply for Master's Program of the Graduate Institute of Medicine:

<input type="checkbox"/> (a) Division of Biochemistry and Molecular Cell Biology	<input type="checkbox"/> (f) Division of Anatomy and Pathology
<input type="checkbox"/> (b) Division of Pharmacology and Clinical Pharmacology	<input type="checkbox"/> (g) Division of Neuroscience and Psychiatry
<input type="checkbox"/> (c) Division of Physiology and Molecular Medicine	<input type="checkbox"/> (h) Division of Translational Medicine
<input type="checkbox"/> (d) Division of Microbiology, Immunology and Parasitology	<input type="checkbox"/> (i) Division of Tropical Medicine and Global Health.
<input type="checkbox"/> (e) Division of Genome and Epidemiology	

(Please rank from 1 to 9 with 1 as the most preference and 9 as the least preference.)

Personal Information				
Full Name	(in English)			Application Number (For Official Use Only) Attach recent photograph here (about 1" x 2")
	(in Chinese)			
Mailing Address				
E-mail Address				
Skype		TEL		
Nationality		Mobile Phone		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	(Month)/ (Day)/ (Year)	

Previous Education / Qualifications					
	Name of School	City and Country	Degree	School Period	Major
High School				From : (month/year) To : (month/year)	
College or University				From : (month/year) To : (month/year)	
Master's Program				From : (month/year) To : (month/year)	



Chinese Proficiency Level			
<input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing			
◎Have you taken any test of Chinese language ? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please enclose the certificate in your application form.)			
Parents Information	Name	Place of Birth	Nationality
Father			
Mother			
Have you or your parents ever held the R.O.C. nationality ? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No) If yes, please provide the proof of renounced the R.O.C. nationality.			
Contact Person in Taiwan			
Name	Email	Relationship	
Address in Taiwan		TEL	
Statement of Purpose			
What are your major financial resources during your stay at KMU?	<input type="checkbox"/> Taiwan Scholarship <input type="checkbox"/> Personal Savings <input type="checkbox"/> Taiwan ICDF Scholarship (For Bachelor Program in Medical Laboratory Sciences and Biotechnology) <input type="checkbox"/> KMU scholarship <input type="checkbox"/> Other Scholarships <input type="checkbox"/> Parental Support <input type="checkbox"/> Other (Please specify)_____		
Purpose for international studies and detailed study plan	(Attach additional paper if necessary)		
◎I certify that I have completed this application form by myself, and that all the information I have given is correct.			
◎The personal data which the student provides will be retained by Office of Academic Affairs and Office of Global Affairs for the admission and other administrative purposes.			
Applicant's signature: _____		date: _____ / _____ / _____ (month) (day) (year)	