



Appendix 3: English Proficiency Requirement Form

Kaohsiung Medical University (KMU)

(for applicants to the Dept. of Medicinal and Applied Chemistry)

English Proficiency Requirement Form for MS and PhD Admission

International applicants (regardless of your citizenship) must fill up this form to prove proficiency in English.

Personal Information		
Full Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	/(Month) /(Day) /(Year)	
Country/Citizenship		
Passport No.		
E-mail		
Mobile Number:		
Skype ID/No.		
Attach recent photograph here		
Applicant's Language Proficiency		
Applicant's Native/First Language :	<input type="checkbox"/> English <input type="checkbox"/> Others	
(Specify: _____)		
Applicant's Official Language:	<input type="checkbox"/> English <input type="checkbox"/> Others	
(Specify: _____)		
Applicant's Second Language:	<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Others	
(Specify: _____)		
Applicant's Medium of Study in Senior High School:	<input type="checkbox"/> English <input type="checkbox"/> Others	
(Specify: _____)		
Applicant's Medium of Study in Bachelors' Degree:	<input type="checkbox"/> English <input type="checkbox"/> Others	
(Specify: _____)		
Applicant's Medium of Study in Masters' Degree:	<input type="checkbox"/> English <input type="checkbox"/> Others	
(Specify: _____)		
Note: Non-native English speaker applicants must submit the proof of medium of study in senior		



high school/bachelors and masters' degree along with this application.

Applicant holds any official English Proficiency test score:

- Yes (If yes – fill up Table 1)
- No (If no – fill up Table 2, as below)

Table 1. Applicant's official English Proficiency test score table:

Proficiency test	Reading	Listening	Speaking	Writing	Total
TOEFL					
IELTS					
TOEIC					
CAE					
CPE					
Others (Specify: _____)					

Note: Attach the proof of official English Proficiency test score along with this application. Official scores must be taken no more than two years prior to submission of the application.

Table 2. Applicant rate himself/herself on English Proficiency

Proficiency	Reading	Listening	Speaking	Writing
Excellent				
Good				
Average				
Poor				

Declaration

I authorize Kaohsiung Medical University (KMU) to verify all of the above information provided. After being admitted into the Department of Medicinal and Applied Chemistry, if any of the information provided are found and proved to be false, I have no objections in accepting the consequence of having my student status revoked.

Applicant's Signature:

Date: _____ (month) _____ (day) _____ (year)