

附件三:外國學生校內獎學金申請表

申請入學年度:114學年度秋季班

一	-)-
□申請入學新生	
請連同所有申請入學文件一併繳交至教務處。	
基本資料	
性別: □男 □女	
國籍:	
聯絡電話: ()	
電子郵件:	
通訊地址:	
您所申請入學之學系/所別?	
▶ 學系/所名稱:	
▶ 學制: □ 學士班 □ 碩士班 □ 博士班	
目前是否有申請其他獎學金?	
□ 是 (獎學金名稱):	



□ 是 □ 否			
學歷背景			
學校名稱	在學期間	學位	主修
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1/2			1) =
課外活動或工作	涇驗	\mathbf{y}	
起迄時間	活動內容/工作職稱	±	辨單位/任職機構
/	Market V	4-11	7
	9 5		
自傳			
字數約 300 字以內			
	WI DIC	T	
			1

若您未申請到本校助學金,是否仍有意願至本校就讀?



推薦人

Referee 1					
姓名:	關係:				
職位:					
電話: ()					
Referee 2					
姓名:	關係:				
職位:					
電話: ()					
聲明					
上述所陳之任一事項同意授權貴校了	查證,如有不實或不符規定	足等情事,	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	無異議。				
申請人簽名:	日期:			(日)	(年)
	Office of Global Affairs		(月)	(1)	(十)

Kaohsiung Medical University 100, Shih-Chuan 1st Road, San Ming District, Kaohsiung 807, Taiwan

Tel: +886-7-3121101 ext.2383

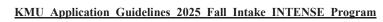


Appendix 3: KMU Scholarship Application Form for the INTENSE Programs

Academic Year: 2025 Fall Intake Potential KMU student This scholarship application form must be submitted along with all application documents for admission to the Office of Academic Affairs. General Information Name: Gender: Male Female Nationality: ____ Phone number: (E-mail: Correspondence address: Which department/ graduate institute and degree do you wish to apply? Department/ graduate institute: Degree: Undergraduate Program Master's Program Ph.D. Program Are you currently receiving or applying for any other scholarship?

Yes (Name of scholarship):

No





Will you still pursue your degr	ee at KMU if you are not gran	ted KMU scholarsh	ip?
Yes No			
Educational Backgro	ound	<u> </u>	
Name of Institution	Duration of Study	Degree	Major
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		1	
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Extracurricular Activ	vities or Work Exper	rience	11
Period	Description of Activity/ Job Po	osition Name	of Institution/ Company
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Autobiography			
Word count: within 300 words			



References

Referee 1	
Name:	Relation to applicant:
Title of duties:	
Phone number: ()	
Referee 2	
Name:	Relation to applicant:
Title of duties:	
Phone number: ()	遺耳雄馬
Declaration	
I authorize this University to verify	all of the above information provided. After being admitted into KMU, if
any of the information provided an	re found and proved to be false, I have no objections in accepting the
consequence of having my grant sta	tus revoked.
Applicant's Signature:	Date: / / (month) (day) (year)

Office of Global Affairs

Kaohsiung Medical University

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Kaohsiung 807, Taiwan

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