



# 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"/> (b) Division of Pharmacology and Clinical Pharmacology <input type="checkbox"/> (c) Division of Physiology and Molecular Medicine <input type="checkbox"/> (d) Division of Microbiology, Immunology and Parasitology <input type="checkbox"/> (e) Division of Genome and Epidemiology	<input type="checkbox"/> (f) Division of Anatomy and Pathology <input type="checkbox"/> (g) Division of Neuroscience and Psychiatry <input type="checkbox"/> (h) Division of Translational Medicine <input type="checkbox"/> (i) Division of Tropical Medicine and Global Health (Please rank from 1 to 9 with 1 as the most preference and 9 as the least preference.)
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Personal Information				Application Number (For Official Use Only)	
Full Name	(in English)			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)	



<b>Chinese Proficiency Level</b>			
<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.			
<b>Contact Person in Taiwan</b>			
Name		Email	Relationship
Address in Taiwan		TEL	
<b>Statement of Purpose</b>			
What are your major financial resources during your stay at KMU?	<input type="checkbox"/> Taiwan Scholarship <input type="checkbox"/> Personal Savings <input type="checkbox"/> TaiwanICDF 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) _____ <input type="checkbox"/> TaiwanICDF Scholarship (For M. Sc. Program in Tropical Medicine)		
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)	