

Appendix 3: English Proficiency Requirement Form

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

Kaohsiung Medical University (KMU) Department 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									
Date of Birth	(Month)	/(Day)	/(Year)						
Country/Citizenship				Attach recent					
Passport No.				photograph here					
E-mail									
Mobile Number:									
Skype ID/No.									
Applicant's Language Proficiency									
Applicant's Native/First Language: English Others									
(Specify:)						
Applicant's Official Language:									
(Specify:)					
Applicant's Second Language:									
(Specify:)									
Applicant's Medium of Study in Senior High School: English Others									
)							
Applicant's Medium of Study in Bachelors' Degree: English Others									
(Specify:									
Applicant's Medium of Study in Masters' Degree:									
(Specify:)							



Note: Non-native En	glish speaker applic	cants must ne	eed to submi	it the proof of	f medium of	study in
senior high school/ba	chelors and masters	s' degree alo	ng with this	application.		
Applicant holds any	official English P	roficiency to	est score:			
☐ Yes (If yes	– fill up the Table	1)				
☐ No (If no –	full up the Table 2	, as below)				
Table 1. Applicant's	official English Pr	oficiency tes	st score tabl	le:		
Proficiency test		Reading	Listening	Speaking	ng Writing Total	
TOEFL						
IELTS						
TOE	TOEIC					
CA	E					
СРЕ						
Othe						
(Specify:						
Note: Attach the proc	of of official English	n Proficiency	test score a	long with thi	s annlication	n Officia
scores must be taken	_	·		_		ii. Officia
scores must be taken	is more than two y	cars prior to		or the applied		
Table 2. Applicant	rate himself/herse	lf about of t	heir Englisl	n Proficiency	7	
Proficiency	Reading	Listen	ing	Speaking Wri		iting
Excellent						
Good						
Average						
Poor						
	1					
		Declarati	on			
I authorize Ka	ohsiung Medical U	Jniversity (K	MU) to ver	ify all of the	above info	rmation
provided. After bein	ng admitted into the	Department	of Medicin	al and Applie	d Chemistry	y, if any
of the information p	provided are found	and proved t	o be false, I	have no obje	ections in ac	ecepting
the consequence of	having my student	status revoke	ed.			
Applicant's Signature:		Date:	(mo	nth) ((day)	(year)