

Appendix 3: English Proficiency Requirement Form Kaohsiung Medical University (KMU)

(for applicants to the Dept. of Medicinal and Applied Chemistry & Ph.D. Program in Life Sciences)

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.

angnsn.	Perso	onal Informatio	n					
Full Name								
Gender	$\sqcap v$	Iale	emale					
Date of Birth	/(Month)	/(Day)	/(Year)					
Country/Citizenship	<i>/</i> (17101111)	<i>/</i> (Buy)	<i>/</i> (10m)	Attach recent				
Passport No.				photograph here				
E-mail				photograph here				
Mobile Number:								
Skype ID/No.	A 11 49	T D	ρ. •					
Applicant's Language Proficiency								
Applicant's Native/First Language :								
(Specify:)								
Applicant's Official Language: English Others								
(Specify:)								
Applicant's Second Language:								
(Specify:)								
Applicant's Medium of Study in Senior High School: English Others								
(Specify:)						
Applicant's Medium of Study in Bachelors' Degree:								
(Specify:)						
Applicant's Medium of Study in Masters' Degree:								
_ _	-		-					
(Specify:)						



Note: Non-native En	olish sneaker annlic	ante muet ei	hmit the pro	of of mediu	m of study i	n senior
high school/bachelors			-		in or study in	ii semoi
Applicant holds any						
	- fill up Table 1)	corrected of				
. •	fill up Table 2, as b	pelow)				
		,				
Table 1. Applicant's	official English Pro	oficiency tes	st score tabl	e:		
Proficiency test		Reading	Listening	Speaking Writing		Total
TOE	FL					
IEL	TS					
TOE	CIC					
CAE						
СР	 E					
Othe	ers					
(Specify:)					
Table 2. Applicant	rate himself/hersel	f on Englisl	n Proficienc	y		
Proficiency	Reading	Listen	ing	Speaking	peaking Writing	
Excellent						
Good						
Average						
Poor						
		Declarati	on			
	ohsiung Medical U	•		·		
provided. After beir	_	-				•
Program in Life Sci	-		-		_	e false, I
have no objections i	n accepting the con	sequence of	having my s	student status	s revoked.	
Applicant's Signatu	re·	Date:	(mor	nth)	(day)	(vear)