

高雄醫學大學雙聯學制申請表 - 來校
Kaohsiung Medical University
Application Form for Dual Degree Program - Inbound

入學學號：(免填)

申請日期： 年(year) 月(month) 日(day)
 (Date of Application)

申請人資料 Personal information			
姓名 Full Name	中文 Chinese	Passport English name	此處貼最近二吋 半身脫帽照片 Attach a recent (bust) photograph here (about 1''*2'')
	英文 English		
護照號碼 Passport No.		國籍 Nationality	
性別 Gender		出生日期 Date of Birth	/ / (day) (month) (year)
電子信箱 Email Address		行動電話 Cell phone No.	
住址&電話 Home Address & TEL	住家地址 Home Address: 電話 TEL.		
通訊地&電話 Contact Address & TEL	通訊地址 Contact Address 電話 TEL.		
緊急聯絡人 (關係) Emergency Contact Information (Relationship)	姓名 Name		與申請人關係 Relationship
	住址 Address		
	緊急聯絡電話 Contact TEL		
教育背景 Educational Background			
學校 Educational Institute			
學校所在地 School location			
學系 Department			

學制 Educational system	<input type="checkbox"/> 學士 Bachelor <input type="checkbox"/> 碩士 Master <input type="checkbox"/> 博士 Ph.D.
修業起迄年月 Dates enrolled	From yy mm dd to yy mm dd
擬申請就讀何系(所)及學位？ Please indicate to which department of the Dual Degree Program you are applying at KMU.	
申請系(所)名稱 Name of the Department/institute	
學制 Educational system	<input type="checkbox"/> 學士 Bachelor <input type="checkbox"/> 碩士 Master <input type="checkbox"/> 博士 Ph.D.
預計停留期間 Scheduled stays in KMU	_____/_____/_____ ~ _____/_____/_____ (Year) (Month) (Day) (Year) (Month) (Day)
其他 Other items	
在臺期間各項費用支付來源 Source of financial support while furthering your education.	<input type="checkbox"/> 個人儲蓄 Personal Savings <input type="checkbox"/> 獎學金 Scholarship <input type="checkbox"/> 父母支援 From Parents <input type="checkbox"/> 其他 Others _____
繳交文件 Submit Documents	
<input type="checkbox"/> 入學申請表 Application form(with a current personal photograph) <input type="checkbox"/> 護照影本 One copy of the applicant's passport <input type="checkbox"/> 在學證明(應由國外原就讀學校加蓋章戳或鋼印密封) Certificate of enrollment, which should be authenticated by Home University <input type="checkbox"/> 歷年成績單正本(中、英文以外之語文，應附中文或英文譯本) Academic Transcript written in Chinese or English, which should be authenticated by Home University (Please provide a Chinese or English translation for languages other than Chinese or English.) <input type="checkbox"/> 中文或英文健康證明書(包括人類免疫缺乏病毒相關之檢查報告) Certificate of health written in Chinese or English, including serological test for HIV antibody <input type="checkbox"/> 財力證明書 Financial statement (proof of sufficient funds for living in the ROC) <input type="checkbox"/> 語言能力證書 Transcript of language proficiency test <input type="checkbox"/> 中文及英文碩博士共同指導協議書(僅碩、博士申請生需繳交) Graduate Student Thesis Co-Advising Agreement in Chinese and English (required for Master's and PhD applicants only) <input type="checkbox"/> 推薦函一封 Letter of recommendation <input type="checkbox"/> 中文或英文讀書計畫書一份(字數、形式不限) One study plan written in Chinese or English <input type="checkbox"/> 其他依協議應附繳交之文件 Other documents as required by Host Institute _____ <input type="checkbox"/> 個人資料提供同意書 Release of Personal Information Agreement	

系/所/學位學程、學院審核 Approval of Sending Institution				
申請人簽章/Applicant's Signature:				
日期/Date: YYYY/ MM/ DD				
本人同意該生申請雙聯學制計畫 I, the undersigned, hereby confirm that the proposed program of study is approved.				
指導教授簽章/Advisor's Signature:				
日期/Date: YYYY/ MM/ DD				
確認該生符合兩校雙聯學制申請資格，經學系(所) 學位學程甄選通過 Student eligibility for the dual degree program is confirmed, and the applicant has been selected by the department.				
系(所)學位學程承辦人簽章			主管簽章/ Department Director's Signature:	
日期/Date: YYYY/ MM/ DD		日期/Date: YYYY/ MM/ DD		
本人同意該生申請雙聯學制計畫 I, the undersigned, hereby confirm that the proposed program of study is approved.				
院長簽章/ College Director's Signature:				
日期/Date: YYYY/ MM/ DD				
相關單位審核 Approval by Relevant Units				
初審單位 Preliminary Review	國際事務處 Office of Global Affairs (確認申請人符合合約規範、申請資料完備)			
	承辦人 Administrative Specialist <input type="checkbox"/> 申請人符合合約規範 <input type="checkbox"/> 申請資料完備	組長 Director	國際長 Vice President for Global Affairs	
備查單位	教務處 Office of Academic Affairs (學籍相關資料建檔)			
	註冊課務組 Registration and Curriculum Division		教務企劃組 Academic Planning Division	
承辦人 Administrative Specialist	組長 Director	承辦人 Administrative Specialist	組長 Director	

個人資料提供同意書

Release of Personal Information Agreement

本同意書說明高雄醫學大學將如何處理「高雄醫學大學雙聯學制申請表(境外修讀適用)」蒐集到的個人資料。當您勾選「我同意」並簽署本同意書時，表示您已閱讀、瞭解、同意接受本同意書之所有內容及其後修改變更規定，並遵守以下所有規範。 This agreement stipulates how Kaohsiung Medical University (hereinafter referred to as “KMU”) shall handle all personal information collected by this application form for dual degree program. By signing this Agreement and placing a check next to “I agree”, you acknowledge that you have read and understand this Release of Personal Information Agreement (hereinafter referred to as “Agreement”) and voluntarily accept the duties and obligations set forth herein.

1. 高雄醫學大學取得您的個人資料，目的在於個人資料保護法及相關法令之規定下，依隱私權保護政策，蒐集、處理及利用您的個人資料。The Personal Data Protection Act and related laws require KMU’s Office of Academic Affairs to collect, use, and maintain your personal information in accordance with its provisions.
2. 您可依個人資料保護法，就您的個人資料向本校：(1)請求查詢或閱覽、(2)製給複製本、(3)請求補充或更正、(4)請求停止蒐集、處理及利用或(5)請求刪除。但因本校執行職務或業務所必需者，本校得拒絕之。但因您行使上述權利，而導致權益受損時，本校將不負相關賠償責任。Under the Personal Data Protection Act, you may exercise the following rights with regard to (1) any inquiry and request for a review of your personal information; (2) any request to make duplications of your personal information; (3) any request to supplement or correct your personal information; (4) any request to discontinue collection, processing, or use of your personal information; and (5) any request to delete your personal information. However, KMU reserves the right to refuse a request due to operational reasons. KMU shall not be held responsible for any damages incurred as a result of exercising the abovementioned rights.
3. 若您所提供之個人資料，經檢舉或本校不足以確認您的身分真實性或其他個人資料冒用、盜用、資料不實等情形，本校有權不予受理及追訴責任。KMU reserves the right to not offer admission due to lack of information or discharge you should such omission of information be deemed as falsifications of documents which potentially negate your eligibility for application.
4. 若您的個人資料有任何異動，請主動向本處及註冊課務組申請更正，使其資料保持正確、完整性。Please approach KMU’s Office of Academic Affairs and Registration and Curriculum Division directly to update any changes to your personal information, in order to ensure that your information is accurate, up-to-date, and complete.
5. 本校如違反「個人資料保護法」規定或因天災、事變或其他不可抗力所致者，致您的個人資料被竊取、洩漏、竄改、遭其他侵害者，本校將於查明後以電話、信函、電子郵件或網站公告等方法，擇適當方式通知您。In the event that the personal information is stolen, disclosed, altered, or infringed upon due to natural disasters or circumstances beyond KMU’s control, thereby resulting in the violation of the Personal Data Protection Act, KMU shall notify you via telephone, letter, E-mail, or online announcements after an inspection is concluded.
6. 您瞭解此一同意書具有書面同意本校蒐集、處理及利用您的個人資料之效果。You acknowledge that this Agreement respects your rights and interests in the collection, processing, or usage of personal information and the information shall be handled in accordance with the Personal Data Protection Act.
7. 高雄醫學大學將保留隨時修改本同意書規範之權利，修改規範時，於網站公告修改之事實，不另作個別通知。如果您不同意修改的內容，則請勿繼續填寫申請書。否則將視為您已同意並接受本同意書該等增訂或修改內容之拘束。KMU reserves the right to modify or amend the rules of this Agreement and to publish the amendments on notice boards of the official website. No individual notices shall be made. If you do not consent to the amendments, please do not continue to fill out this Application form and, otherwise it shall be deemed your consent to the rules stipulated in this Agreement.
8. 您自本同意書取得的任何建議或資訊，無論是書面或口頭形式，除非本同意書條款有明確規定，均不構成本同意條款以外之任何保證。Even if you provide any written or oral comments pertaining to this Agreement, KMU can only guarantee that your rights clearly expressed in this Agreement shall be met.
9. 準據法與管轄法院：本同意書之解釋與適用，以及本同意書有關之爭議，均應依照中華民國法律予以處理，並以臺灣高雄地方法院為管轄法院。Governing Law and Jurisdiction: This Agreement shall be interpreted in accordance with the laws of Taiwan, Republic of China. Any irresolvable disputes arising under this Agreement shall be submitted to the Kaohsiung District Court.

我已閱讀並接受上述同意書內容 I hereby acknowledge that I have read the contents of this Agreement and give my consent.

申請人簽名 Applicant’s Signature: _____ (親簽 Signature)

日期 Date: _____ 年 YYYY _____ 月 MM _____ 日 DD