**Kaohsiung Medical University**

**Declaration for Submission of Authenticated Highest Degree Certificate**

I, the undersigned, guarantee that

1. I have completed the academic requirements of graduation for

□ Senior high school □ Bachelor program □ Master program in my country.

2. I commit to submitting the original certificate of my highest degree, authenticated by the Taiwan overseas mission or embassy, before the date of (no later than the end of the first semester of my study terms).

3. I shall bear full responsibility if any of the above information is found to be false. I also understand that a false declaration or late submission after the deadline would result in the cancellation of my admission or deprivation of my enrollment at Kaohsiung Medical University.

Name (Given Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: □ Bachelor □ Master □ Ph. D

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Department Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_(Y)\_\_\_\_\_\_\_\_\_(M)\_\_\_\_\_\_\_\_\_(D)