

中國醫藥大學新生保留入學資格申請書

China Medical University Application Form
for New Students to Retain their Admission Eligibility

申請日期(Application Date) : 年(Y) 月(M) 日(D)

姓名 Name		學 號 Student I.D.	
錄取學系 Admitted to Department	學系(Department)		
入學身份 Enrolment Status	<input type="checkbox"/> 本國生 Local Student <input type="checkbox"/> 境外生: 外籍生/僑生/陸生 Foreign / Overseas Chinese / Mainland Chinese students		
申請原因 Reason(s) for Applying			
附繳證件 Document(s) to be Submitted	<input type="checkbox"/> 錄取報到通知單 Letter of Admittance <input type="checkbox"/> 學歷證件 (繳驗正本收影本) Academic Records (Submit one original copy and one photocopy for verification) <input type="checkbox"/> 服役證明 (徵集令或在營證明) Certificate of Military Service (Order to Report for Service or Proof of Current Military Service) <input type="checkbox"/> 本校附設醫院或公立教學醫院出具證明 Letter(s) from the University Hospital or Public Teaching Hospitals <input type="checkbox"/> 其他 Other _____		
保留期限 Duration	自 _____ 學年度第 _____ 學期起至 _____ 學年度第 _____ 學期止 From _____ (Y)/ _____ (M)/ _____ (D) to _____ (Y)/ _____ (M)/ _____ (D) 保留入學資格 _____ 年 Retaining admission eligibility for _____ years		
申請人家長 Head of Household of Applicant	(簽章 Please affix signature or sea)	聯絡電話 Contact Number	
承辦單位 Unit(s) in Charge	協辦單位 Assistant Unit(s)	核判 Decision	
北港分部教務分組 Division of Academic Affairs, Beigang Branch	學系主任 Head of the Department	教務長 Dean of Academic Affairs	
註冊課務組承辦人 Office of Academic Affairs (Person in Charge)	財務室 Office of Accounting	校長 President	
註冊課務組組長 Director of Registration and Curriculum Division	國際學生中心 International Student Center		