**附表一 新生醫護管理專科學校外國學生入學申請表**

**Application for Admission**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.申請人資料/PersonalInformation | | | | | | | 最近二吋相片  Please attach a resent photo  (about 2 inch ×2 inch) |
| 申請人姓名  Full name | 英文/English | (First) | (Middle) | | (Last) | |
| 出生日期  Date of Birth | mm/dd/yyyy | | | | |
| 中文/Chinese | (姓名) | | | | |
| 國籍Nationality |  | | | 護照號碼  Passport No. | |  | |
| 婚姻狀況  Marital Status | □已婚 Married □未婚 Single | | | 性別  Sex | | □男 Male □女 Female | |
| 電話/手機  Telephone or Cell in Taiwan |  | | | 電子郵件  E-mail | |  | |
| 住址  Home Address |  | | | | | | |
| 在臺通訊處  Adress in Taiwan |  | | | | | | |

2.監護人資料/Information of Guardian

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請人監護人 Applicant's Guardian | 中文  Chinese | (姓名) | | | | | 出生日期  Date of Birth | mm/dd/yyyy |
| 英文  English | (First) | | | | (Middle) | | (Last) |
| 國籍  Nationality |  | | | | | 職業  Occupation |  |
| 電話/手機  Telephone or Cell in Taiwan | | | |  | | | |
| 台灣監護人 Applicant's  Taiwan  Guardian | 中文  Chinese | (姓名) | | | | | 出生日期  Date of Birth | mm/dd/yyyy |
| 英文  English | (First) | | | | (Middle) | | (Last) |
| 國籍  Nationality |  | | | | | 職業  Occupation |  |
| 電話/手機  Telephone or Cell in Taiwan | | | |  | | | |
| 在臺聯絡人 Contact Person in Taiwan | 姓名  Name | |  | | | | 關係  Relationship |  |
| 住址  Mailing Address | |  | | | | | |
| 電話/手機  Telephone or Cell in Taiwan | | |  | | | | |
| E‐mail | |  | | | | | |

3.擬申請就讀之科別/Department

|  |  |
| --- | --- |
| 科別  Department |  |

4.教育背景/Educational Background

|  |  |
| --- | --- |
| 學歷 Previous Education | 國中 Junior High School |
| 學校名稱 Name of School |  |
| 學校所在地 City and Country |  |
| 就學期間 Terms of Study | mm/yyyy~ mm/yyyy |

5.中文語言能力/ Proficiency in Mandarin (Self-evaluation of Chinese language proficiency )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 聽/Listening | □優 Excellent | □佳 Good | □尚可 Average | □差 Poor |
| 說/Speaking | □優 Excellent | □佳 Good | □尚可 Average | □差 Poor |
| 讀/Reading | □優 Excellent | □佳 Good | □尚可 Average | □差 Poor |
| 寫/Writing | □優 Excellent | □佳 Good | □尚可 Average | □差 Poor |

6.在台就讀期間各項費用來源/Sources of Financial Support

|  |  |  |
| --- | --- | --- |
| □監護人支援  Guardian Support | □個人儲蓄  Personal Savings | □其他 Others  (Please specify) |

申請人簽名/Applicant’s Signature：

監護人簽名/Guardian’s Signature：

日期/Date：

**附表二 外國學生入學財力保證書Financial Guarantee**

保證人姓名Guarantor name：

被保證人姓名Guarantee’s name：

兩人的關係Your relationship：

本人願擔保被保證人在新生醫護管理專科學校就學及生活所需一切費用支出。

I guarantee to support guarantee’s, his / her entire study and living cost while he/she is enrolled in Hsin Sheng Junior College of Medical Care and Management.

保證人簽名Guarantor signature：

保證人電話Guarantor Telephone：

保證人電子郵件帳號Guarantor E-mail：

日期Date/yyyymmdd：

**附表三 外國學生切結書**

申請人姓名/Name of Applicant：

申請科別/Apply for Department：

一、本人保證不具中華民國國籍，且未具僑生身份，或已喪失中華民國國籍滿8年。中華民國國籍法，第二條：有下列各款情形之一者，屬中華民國國籍： (一)出生時父或母為中華民國國民。(二)出生於父或母死亡後，其父或母死亡時為中華民國國民。 (三)出生於中華民國領域內，父母均無可考，或均無國籍者。(四)歸化者。

I. I certify that I do not have the nationality of the Republic of China or overseas Chinese status, or I have officially given up my ROC citizen status for more than 8 years. According to Article 2 of the Nationality Act of the Republic of China, a person shall have the nationality of the Republic of China under any of the conditions provided by the following subparagraphs:

(1)His/Her father or mother was a national of the Republic of China when he/she was born.

(2)He/She was born after the death of his/her father or mother, and his/her father or mother was a national of the Republic of China at the time of death.

(3)He/She was born in the territory of the Republic of China, and his/her parents can’t be ascertained or both were stateless persons.

(4)He/She has undergone the nationalization process.

二、本人未曾在中華民國完成申請就學或遭退學。

II. I have never gone through an application for any program or have been expelled from any school in the Republic of China.

三、本人所提供之國外學歷證件，在畢業學校所在國家均為合法有效取得，並相當於中華民國國內之各級合法學校授予之相當學位。

III. All the foreign academic certificates I submitted have been lawfully acquired in the country where the school I graduated from is located, and are equivalent of diplomas conferred by all levels of registered schools in the Republic of China.

四、本人已詳閱簡章內容，並遵守簡章之相關規定。

IV. I have read the Application Instructions thoroughly and will follow all the rules.

上述所陳之任一事項同意授權 貴校查證，如有不實或不符規定等情事，於入學後經查證屬實，本人願意接受貴校取消入學資格並註銷學籍，絕無異議。

I hereby agree to authorize your school to verify all of the aforementioned statements. If any of the statements is found untrue or in violation of this regulation after enrollment, I will accept your school’s authority to cancel my admission and OIT student status without objection.

此致

新生醫護管理專科學校/to Hsin Seng Junior College of Medical Care and Management

申請人簽名/ Applicant’s Signature：

申請人監護人簽名/ Applicant’s Guardian Signature：

日期/Date：

申請人護照號碼/ Passport No.：

**附表四 外國學生入學審查授權書**

本人授權新生醫護管理專科學校查證本人所提供的資料，本人並授權提供關於我的資料，並使他們免責於此一行為。

I authorize Hsin Sheng Junior College of Medical Care and Management to undertake a verification of the information I have provided and I authorize to release information they may have about me and release them from any liability for doing so.

申請人簽名(全名)Signature：

申請人姓名(全名) Applicant’s Print full name：

申請人護照號碼Applicant’s Passport number：

申請人生日Applicant’s Date of birth：

申請人監護人簽名/ Applicant’s Guardian Signature：

日期Date/yyyy.mm.dd：

**附表五 推薦信Recommendation Form**

|  |  |
| --- | --- |
| ***請申請人填寫 to be completed by the applicant*** | |
| 申請人 Applicant： | 科別 Department： |
|  |  |
| 基於推薦信內容保密原則，本人同意放棄閱讀本文件之權力。  I agree that the recommendation I am requesting shall be held confidentially, and I hereby waive any rights I may have to examine it. □是 Yes □否 No | |
| 簽名 Signature: 日期 Date:  申請人監護人簽名/ Applicant’s Guardian Signature： | |

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| --- |
| ***請推薦者填寫 to be completed by the presenter*** |
| 請問您認識申請人有多久的時間？在何種關係下認識？  How long and in what capacity have you known the applicant? |
|  |
| 請就下列項目與相似年齡及經驗者做一比較，在適當空格做記。  Please compare with others of similar age and experience and then mark in the appropriate box. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | 傑出  Outstanding | 優  Very Good | 佳  Good | 可  Average | 差  Below  Average | 不宜評估  Inadequate for  Assessment | | 創造力與想像力  Creativity & Imagination |  |  |  |  |  |  | | 表達能力  Communication Skills |  |  |  |  |  |  | | 成熟度  Maturity |  |  |  |  |  |  | | 責任感  Responsibility |  |  |  |  |  |  | | 自我控制  Self-oriented |  |  |  |  |  |  | | 自我動機  Study Motivation |  |  |  |  |  |  | | 與他人相處狀況  Ability to Work with  Others |  |  |  |  |  |  | |

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| --- |
| 請您對申請人之學業、品性、個性、優點、缺點、以及可否順利完成所欲修讀之學位等，做一評估。您的說明將是我們評審之重要依據，謝謝。  We would appreciate your candid assessment of the applicant’s scholarship, character, personality, and professional promise. Your statement plays an important role in our evaluation. Thank you. |
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| ***總評 Summary*** |
| □強力推薦 Strongly Recommended  □推薦 Recommended  □推薦勉予 Recommended with Reservation  □不推薦 Not Recommended |
| 推薦者簽名 Presenter (Signature):  日期 Date:  推薦者姓名（正楷）Presenter (Print):  職稱 Title:  電話 Telephone:  電子郵件 E-mail:  單位 Affiliated Institute:  地址 Address: |

請將此信密封且在信封封口處簽名後交給申請人 Please seal, sign on the envelope, and return to the applicant.