

國立宜蘭大學  
NATIONAL ILAN UNIVERSITY

交換生入學申請表  
APPLICATION FOR EXCHANGE STUDENT ADMISSION

請浮貼 6 個月內

2 吋相片一張

Attach recent 2-inch  
photograph here for  
student ID card (must  
be taken within the last  
6 month)

申請人須以中文或英文正楷詳細逐項填寫一式兩份

TO THE APPLICANT : Complete two copies of this form clearly in CHINESE or ENGLISH.

個人資料 Personal Information

申請人姓名 Full Name	中文 in Chinese character (if any)						
	英文 in English.....(Surname).....(First).....(Middle)						
電話 Telephone No.				E-mail.			
住址 Home Address							
出生地點 Place of Birth			出生日期 Date of Birth	(DD / MM / YY)		護照號碼 Passport No.	
國籍 Nationality		性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	婚姻狀況 Marital Status		子女人數 No. of Children	
監護人 Guardian	姓名 Name				與監護人之關係 Relationship		
	住址 Home Address				電話 Telephone No.	( ) _____	
緊急聯絡人 Emergency Contact	姓名 Name				與緊急連絡人關係 Relationship		
	電話 Telephone No	( ) _____			行動電話 Cell phone		
	住址 Mailing Address				E-mail		

教育背景 Educational Information

學位 Degree	學校名稱 Name of Institute	學校所在地 City / Country	主修學門 Major	副修學門 Minor	就學期間 Duration of study	學位/證書 Degree/Diploma Certificate	取得學位日期 Date of Degree Granted
大學/學院 University / College							
研究所 Graduate Institute							
著作 Publications				出版日期 Date			
其他訓練 Other Training				相關經歷 Previous Employments			

擬申請就讀之系(所)及年級 Which department/graduate institute and grade do you wish to apply?

系 (所) Name of Department / Graduate Institute				
年級 Grade	<input type="checkbox"/> 大學部 Undergraduate In grade _____(年級)	<input type="checkbox"/> 碩士班 Graduate		
預定研修期限 Proposed length of stay	<input type="checkbox"/> 一學期 one semester <input type="checkbox"/> 春季班 Spring (Feb.~Jun.) <input type="checkbox"/> 秋季班 Fall (Sep. ~Jan.)		<input type="checkbox"/> 一學年 one academic year	
希望選修課程 Elective courses				

※請參考本校教務處註冊課務組網站

語文能力 Language Proficiency (大陸交換生免填)

英語是你的母語嗎? Do you use English as a primary mode of communication? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
學習中文幾年 How long have you studied Chinese?			
學習中文環境 (高中、大學、語文機構) Where did you learn Chinese? (high school, college, language institute , etc.)			
您是否參加過中文語文能力測驗 Have you taken any proficiency test in Chinese?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	何種測驗 Type of Test	
		分數 Score	

健康情形 Health Condition

健康情形 Are you physically sound and well? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
如有疾病或缺陷請敘明之 If not, describe any defect or health problem you have :

※以上資料業由本人填寫，且經詳細檢查，在此保證其正確無誤。

I have carefully reviewed the above information and hereby certify that all of it is true and correct.

申請人簽名

Applicant's signature \_\_\_\_\_

申請日期

Date of application\_\_\_\_\_

# 讀書計畫書 Study Plan

申請人

申請系所

Applicant: \_\_\_\_\_

Department/Institute: \_\_\_\_\_

請以中文或英文撰寫約 300 字，敘述個人背景、來本校求學動機、在本校求學期間之讀書計畫等。In the following space, please write a statement about 300 words in Chinese or English, stating your background, motivation, and study plan at NIU.

[illegible]

**短期研修健康檢查項目表**  
**Health Certificate for Short-Term Students**

(醫院名稱、地址、電話、傳真)  
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination  
YYYY / MM / DD

**基本資料 / Basic Data**

姓名 : Name :	性別 Sex : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F
國籍 : Nationality :	護照 Passport No. :
出生年月日 : YYYY / MM / DD Date of Birth :	

**實驗室檢查 / Laboratory Examinations**

**A. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates:**

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於 1 歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.)

☐ 麻疹預防接種證明 / Measles Vaccination Certificate

☐ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. ☐ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

**B. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis:**

X 光發現 / Findings: \_\_\_\_\_

判定 / Result:

☐ 合格 / Passed ☐ 疑似肺結核 / TB suspect ☐ 無法確認診斷 / Pending ☐ 不合格 / Failed

☐ 孕婦免驗 / Not required for pregnant women

健康檢查總結果 / The final result of health examination:

☐ 合格 / Passed ☐ 須進一步檢查 / Need further examinations ☐ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist: \_\_\_\_\_

負責醫師簽章 / Signature of Chief Physician: \_\_\_\_\_

醫院負責人簽章 / Signature of Superintendent: \_\_\_\_\_

日期 / Date: YYYY / MM / DD

備註 / Note: 本表為來臺短期研修停留之健康檢查項目表。表單格式僅供參考，學生可分別檢具預防接種證明及胸部 X 光檢查報告。 / This form lists the required medical examination items for students applying for short-term study in Taiwan. This form is only used for reference, students may submit a copy of vaccination certificates and the chest X-ray report instead of completing this form.

本證明三個月內有效。 / The certificate is valid for three months.

**麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明(二擇一)**  
**Proof of Positive Measles and Rubella Antibody or Measles and Rubella**  
**Vaccination Certificates (alternative)**

**基 本 資 料 / Basic Data**

<b>姓 名</b> : <b>Name</b> :	<b>性別</b> <b>Sex</b> : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F _____
<b>國 籍</b> : <b>Nationality</b> :	<b>護 照</b> <b>Passport No.</b> :
<b>出生年月日</b> : <u>YYYY</u> / <u>MM</u> / <u>DD</u> <b>Date of Birth</b> :	

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

- b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於 1 歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.)

☐ 麻疹預防接種證明 / Measles Vaccination Certificate

☐ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

- c. ☐ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

負責醫檢師簽章 / Signature of Chief Medical Technologist: \_\_\_\_\_

負責醫師簽章 / Signature of Chief Physician: \_\_\_\_\_

醫院負責人簽章 / Signature of Superintendent: \_\_\_\_\_

日期 / Date of Examination: YYYY / MM / DD

**胸部 X 光肺結核檢查報告**  
**Chest X-ray for Tuberculosis Report**

**基 本 資 料 / Basic Data**

<b>姓 名</b> Name :	<b>性別</b> Sex : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F
<b>國 籍</b> Nationality :	<b>護 照</b> Passport No. :
<b>出生年月日</b> Date of Birth : <u>YYYY</u> / <u>MM</u> / <u>DD</u>	

X 光發現 / Findings: \_\_\_\_\_

判定 / Result:

- ☐ 合格 / Passed   ☐ 疑似肺結核 / TB suspect   ☐ 無法確認診斷 / Pending   ☐ 不合格 / Failed  
☐ 孕婦免驗 / Not required for pregnant women

負責醫師簽章 / Signature of Chief Physician: \_\_\_\_\_

醫院負責人簽章 / Signature of Superintendent: \_\_\_\_\_

日期 / Date of Examination: YYYY / MM / DD

備註 / Note: 本證明三個月內有效。 / The certificate is valid for three months.