## NATIONAL CHIAYI UNIVERSITY (NCYU)

## APPLICATION FOR EXCHANGE STUDENTS

1. Checklist (No application materials will be returned to the	applicant):
Application form	
An official copy of your transcript from your home insti	itution
Statement of purpose (no more than 1000 words or 2 pa	ges)
Record of medical examination, including HIV test	
Health Insurance	
Bank Statement	
2 Recommendation Letters	
<ol> <li>Please send your application materials directly to:         Division of Academic Development         National Chiayi University         300 Syuefu RD., Chiayi City 60004, Taiwan, R.O.C.     </li> </ol>	
3. Contact information:	
Division of Academic Development, National Chiayi Univ	versity
Email: yochitsai@ncyu.edu.tw	
Phone: 886-5-271-7161~2	
Fax: 886-5-271-7165	

### 4. Application deadline:

May 30 for Fall semester (from September to January)

November 30 for Spring semester (from February to June)

Please stick to the application deadline, if you plan to apply for on-campus accommodation or take courses.

# NATIONAL CHIAYI UNIVERSITY (NCYU)

# APPLICATION FOR EXCHANGE STUDENTS

Attach recent bust
photograph here

## Please read INSTRUCTIONS carefully and complete in PRINT.

1. Personal Info	ormation:						
Name						Sex	
(as in passport)	(Last Fire	st	Middle)				
Place of birth		Nationality		Date of birth	(MM / DD/ YYY	YY)	
Home address					Telephone (Incl. country coo	le)	
(If different from yo	ur home address)						
Mailing address					Telephone (Incl. country cod	de)	
Email address					1		
Legal guardian of case of emergency		Name: Relationship Address:	):	Email: Phone:			
	coordinator at your	Name: Email: Fax: Title: Address: Signature:		Phone:			

#### 2. Education Background:

Home institution (Name)					Cou	ntry					
	(Address)										
Major							Minor				
Degree to			Date of				Expected d	late			
be awarded				ıt			of graduati	on			
3. Attach a	n official cop	y of your	· transcrip	ot fron	n your hom	e insti	tution.				
4. Study Pl		. 1									
Which depa you intend to	artment or inst	titute do									
-	sor at NCYU,	, if you	The fo	ollowin	g professor a	grees t	o be my host:				
•	contacted him/		Name			U	•				
			Hanne	·•							
			Depar	rtment/	Institute:						
			Email	1.							
		1	Not ap	pplicab	le						
5. Period o	of Study:										
	o take courses a	t NCYU,	your period	of stud	y should follo	ow the	semester date	s:			
	er application d						begins in Sept		r and er	nds in J	anuary.
	ester applicatio		-	or 30			ter begins in F				-
						Scinco	ici ocginis in i	Coruu	ly and	Clido III	June.
-	t plan to take co to take courses				pring semeste	r 🔲	Fall semester	<u>.</u>			
			☐ No								
From (MM/)	YYYY)			To (	MM/YYYY)						
6. Financia	ıl Plan:										
	nancial plan to	cover your	expenses for	or your	period of stu	dy at N	NCYU				
Personal savings Scholarships, please specify											
Other, please specify  7. Health Condition: (Attach the medical examination record, including HIV test.)											
	onaltion: (A) g to the regula						_	uired	to sub	omit a	physical
-	ord with HIV t	-		-J -		<b>-</b>					Fv
Health condi	ition				Excellence		Good	Avera	ge [	_ Poor	r
Describe any disability or health problem											
(E.g., allergy, heart disease, high blood pressure)											
8. Chinese	Proficiency:										
	ive you studied	Chinese?									
77 1		1 0									
Under whose guidance and where?											
Please rate y	our proficiency	in Chines	e. (Use one	of thes	e words: exce	llence	, good, averag	e, poo	r.)		
Speaking		Listenir	ıg		Reading		W	riting	3		

9. Attach a statement less than 1,000 words or 2 pages in English plan of study at NCYU.	h stating your reasons for and your
<b>10. Accommodation Application:</b> Do you plan to apply for the dormitory on campus? ☐ Yes ☐ No	
CERTIFICATION  I certify that the information I have provided in this application is conthat any misrepresentation, omission, or submission of false information application, withdrawal of acceptance, cancellation of enrollment, and date. If my application is accepted, I agree to abide by the policies, run Republic of China and National Chiayi University.	ion is grounds for rejection of my
Applicant's signature	Date
For official use only Comments:	
☐ Approval ☐ Disapproval	