

中國醫藥大學英文證件申請單

China Medical University Application Form for English Documents

系別 Department		申請日期 Application Date	年(Y) 月(M) 日(D)
中文姓名 Chinese Name		英文姓名 English Name	(與護照上相同) (Should be the same as the name in your passport)
學號 Student Number		出生日 Date of Birth	年(Y) 月(M) 日(D)
證件名稱 Document Name /工本費 Application Fee	<input type="checkbox"/> 英文畢業證明書_____份 (每份 30 元) _____ of English Graduation Diploma (NT\$30 per copy)		
	<input type="checkbox"/> 英文在學證明書_____份 (每份 30 元), 共新台幣_____元 _____ Copies of Certificate of Enrollment (NT\$30 per copy), NT\$ _____		
● 入學年月 Date of Enrollment : 年(Y) 月(M) ● 畢業年月 Graduation Date : 年(Y) 月(M) (第 屆)			
● 預計畢業年月 Graduation Date : 年(Y) 月(M) (僅延修生可選填 Delayed Graduation Only)			
● 其他特殊需求 Other Specific Requirements : _____			
領取方式 Way of receiving	<input type="checkbox"/> 親自領取 In person	<input type="checkbox"/> 掛號郵寄 Registered mail 地址 Address:	
電話 Telephone	()	手機(Mobile Phone Number) :	
附註 Remark(s)	1. 須完成該學期之學雜費繳納, 使得開立在學證明。 You could only request proof of enrollment, after you pay and fees in that semester. 2. 申請證件, 約需 5~7 天, 逾期三個月未領取者作廢。 It usually takes 5-7 working days to process the application. Documents will be disposed of if they are not picked up within three (3) months of the date of issue. 3. 如需郵寄, 請附信封並貼掛號郵資, 請詳填通訊住址。 If you wish to have the documents mailed to you, please include a pre-paid, pre-addressed registered mail return envelope. 4. 請附護照影印本。 Please attach a photocopy of your passport.		
申請人簽名 Applicant Signature		教務處承辦人 Office of Academic Affairs(Person in Charge)	
領取人簽名 Recipient Signature		註冊課務組組長 Director of Registration and Curriculum Division	