

# 中國醫藥大學英文成績申請單

## China Medical University Application Form for English

系/所別 Department	<input type="checkbox"/> 日 (Daytime Class) <input type="checkbox"/> 夜 (Nighttime Class)		
姓名 Name			
學號 Student Number		聯絡電話 Contact Number	
英文姓名 English Name	(與護照上相同) (Should be the same as the name in your passport)		
入學年月 Date of Enrollment	年(Y)	月(M)	
畢業/肄業年月 Graduated /Deferred Date	年(Y)	月(M)	屆
英文歷年成績單 申請份數 Quantity	<input type="checkbox"/> 分數制(Grade) _____份 (104學年度前畢業可申請) <input type="checkbox"/> GPA : (123) _____份 <input type="checkbox"/> GPA : (ABC) _____份		<input type="checkbox"/> 附排名 (Academic Ranking)
工本費 Application Fee	每份 40 元，計新台幣 _____ 元 NT\$40 per copy, a total of NT\$_____		
附註 Remark(s)	1.大學部承辦窗口：註冊課務組 Unit(s) in Charge: Registration and Curriculum Division 2.現場申請者：請至出納組繳交工本費，持繳費收據及申請單向教務處申請。For those who apply in person, please submit your application fee to the Office of the Cashier, and apply at the Office of Academic Affairs with your receipt and application form. 3.郵寄申請者：請填寫本申請單，連同工本費及貼足郵資之回郵信封，掛號寄到：406040 台中市北屯區經貿路一段100號中國醫藥大學教務處收。For those who apply by mail, please fill out the application form and send the application form along with the application fee and a self-addressed stamped envelope to: <b>Office of Academic Affairs, China Medical University                  No. 100, Sec. 1, Jingmao Rd., Beitun Dist., Taichung City 406040, Taiwan R.O.C.</b> 4.如回郵信封之郵資不敷支應郵件實際的重量，本處將改成足以支應郵件重量之類別。In case of insufficient postage, the document will be mailed out using a service which the included postage allows. 5.逾期三個月未領取者，視同作廢。The transcript will be disposed of if it is not picked up within three (3) months of the date of issue.		
申請日期 Application Date	年 ( Y )	月 ( M )	日 ( D )