



國立臺北大學訪問學生申請表

NATIONAL TAIPEI UNIVERSITY APPLICATION FORM FOR VISTING STUDENTS

姓名 Full Name	英文姓名 English Name shown on Passport	請粘貼 2 吋脫帽半身照片 Attach 2-inch bust and hatless photo
出生日期 Date of Birth	性別 Gender	
電話 Telephone/Cell Phone	電子信箱 E-mail	
通訊地址 Mailing Address		
緊急聯絡人姓名 Contact Person's Name	關係 Relation with Applicant	
電話 Telephone/Cell phone	地址 Address	
原就讀學校名稱 Name of Home University	系所名稱 Department at Home University	
就學學制 Current Grade Level <input type="checkbox"/> 大學部 Undergraduate; 年級 Year _____ <input type="checkbox"/> 研究所 Graduate; 年級 Year _____	主修 Major: 輔系 Minor:	
預計在臺北大學研習系所 Proposed Study at National Taipei University <input type="checkbox"/> 大學部 Undergraduate; 年級 Year _____ <input type="checkbox"/> 研究所 Graduate; 年級 Year _____		
系所名稱 Name of Department: 志願一： 志願二：		
研習時間 Duration of Study at NTPU <input type="checkbox"/> 一學期 One semester From ____ (M) ____ (Y) to ____ (M) to ____ (Y) <input type="checkbox"/> 一學年 One academic year From ____ (M) ____ (Y) to ____ (M) to ____ (Y)		
住宿 Accommodation 您需要申請臺北大學學生宿舍嗎? Do you wish to apply for student dormitory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

是否需要無障礙設施? Do you need the accessibility facilities?

Yes No

健康聲明書 Health statement

• **個人醫療紀錄 Personal Medical History:**

是否有慢性疾病(請勾選) Have you ever had underlying chronic diseases:
(please mark in front of the appropriate items)

無 小兒麻痺症 高血壓 糖尿病 心臟病 中風 氣喘

肝病 耳疾 身心疾病 其它慢性疾病 _____ 手術紀錄 _____

• **自我意識症狀 Self-awareness Symptoms:**

In the previous 3 months, have you frequently suffered from any of the symptoms listed below? (please mark in front of appropriate items)

無 呼吸急促 胸痛 心悸 暈眩 耳鳴 疲勞 腹痛

腹瀉 恐慌症 憂鬱症 躁鬱症 焦慮症 其它不適症狀 _____

其它資訊 Additional Information

是否需要其它協助? Anything we should know about? _____

以上聲明事項均經本人確認且據實說明。若有故意隱匿、遺漏或為不實說明等情形，或於研習期間發生危險，導致無法完成研修者，本人願自行負擔責任，絕無異議。 I hereby declare that I have read and understood the information stated above. The exchange program may be cancelled if there is any missing of important data or any conduct that do not follow the information above or cause any dangerous situation during the study period. I also declare that I am willing to take full responsibility without any objection.

簽名 Signature

日期 Date _____ / _____ / _____

(年 yyyy/月 mm/日 dd)