

h. HEALTH CONDITION 健康狀況	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
i. ANY CHRONIC DISEASES 慢性病	<input type="checkbox"/> None 無 <input type="checkbox"/> Yes 有 If yes, Please specify. 如有請指明
j. CONTACT PERSON, IN CASE OF EMERGENCY 緊急事件聯絡人	Name 姓名: _____ Relationship 關係: _____ Address 地址: _____ Tel 電話: _____ E-mail 電子郵件: _____

2. LANGUAGE PROFICIENCY 語言能力

LANGUAGE PROFICIENCY 語言能力	COMPREHENSION 聽			READING 讀			WRITING 寫			SPEAKING 說		
	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可
CHINESE												
ENGLISH												
Other (please state)												

3. EDUCATIONAL BACKGROUND 教育背景

Level 程度	Name of Institution 校名	Country/City 地點	Period of Enrollment 修業年限
Secondary Education 中學			
Undergraduate Level Education 大學			
Graduate Level Education 研究所			

7. LANGUAGE CENTER WHICH YOU PLAN TO ATTEND IN TAIWAN 擬就讀之語文中心 (For information about university-affiliated language centers in Taiwan, please visit the official government website for advice on study in Taiwan at <http://www.studyintaiwan.org>)

University affiliated language center:

8. PLEASE BRIEFLY STATE YOUR STUDY PLAN WHILE IN TAIWAN 請簡述在台讀書計畫

9. DECLARATION:

I declare that:

- The information I have given on this application is complete and accurate to the best of my knowledge.

Applicant's Signature

Date

_____ / _____ / _____