

## 訪問學生申請表 Visiting Student Application Form

姓名 Name	First                      Middle                      Last	照片 A passport size photograph should accompany the application
性別 Sex	<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female	
出生日期 Date of Birth	YYYY/MM/DD	
國籍 Nationality		
護照號碼 Passport Number		
就讀學校 Home University		
就讀學位 Current Degree	<input type="checkbox"/> 大學 Undergraduate <input type="checkbox"/> 碩士 Master <input type="checkbox"/> 博士 PhD	
申請系所 Apply Under /Graduate Program		
指導教授 Host Professor at FCU		
訪問期間 Visiting Time	From _____(Y)_____(M)_____(D) To    _____(Y)_____(M)_____(D)	
通訊地址 Mailing Address		
通訊電話 Phone Number	Home	Mobile
電子郵件 E-mail (personal)		
緊急聯絡 In Case of Emergency Contact		
聯絡人 Name		
電話 Telephone		電子郵件 E-mail
校內住宿 Accommodation	是否需要住宿安排? Apply for campus dormitory? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
繳交申請表時，請同時檢附下列文件 The following documents must be submitted with the completed application form:		
<input type="checkbox"/> 護照(有照片頁)影本 Copy of the information page of the applicant's passport		
<input type="checkbox"/> 在學證明影本 Certificate of enrollment		
<input type="checkbox"/> 醫療保險證明 Proof of health insurance		

逢甲大學為境外學生申請來校訪問之目的，本申請表所蒐集之個人資訊，將僅作為本校訪問學生作業之用，本校將依上述目的存取時間利用。申請人得以下列聯絡方式行使查閱、更正等個人資料保護法第3條的當事人權利。如申請人提供的資料不完整或不確實，將可能無法完成本次申請/享有本次服務。

聯絡方式：台中市西屯區文華路100號，電話(04)24517250 分機2498/2493, Email: [changyh@fcu.edu.tw](mailto:changyh@fcu.edu.tw) / [kgchen@fcu.edu.tw](mailto:kgchen@fcu.edu.tw)

The collection of personal data from this form will only be used by Feng Chia University's Visiting Student Program in accordance with Personal Information Protection Act. The related personal information will be only used during the visiting time of the Applicant. The Applicant has the right to access and amend his/her personal information in accordance with Personal Information Protection Act Article 3. If the information provided is not complete or accurate, the Applicant will be unable to complete this application/request access to personal information.

Contact information: Feng Chia University, 100 Wenhwa Road, Taichung, Taiwan 40724, ROC, TEL: 886-4-24517250, ext.2498, Cheyenne Chang ([changyh@fcu.edu.tw](mailto:changyh@fcu.edu.tw)) for international students, ext.2493, Kuang Chung Chen ([kgchen@fcu.edu.tw](mailto:kgchen@fcu.edu.tw)) for students from mainland China.

我授權 貴校查證以上我所供之資料，如有不實，本人願意受 貴校註銷訪問身份之處分，絕無異議。

I authorize FCU to check on all of the above information for further verification. Should any information be found false, I have no objection to be deprived of the acceptance.

申請人簽章 Applicant's signature \_\_\_\_\_ 日期 Date \_\_\_\_\_

Official Use Only 審核機關填寫

茲證明上述申請生已投稿或將投稿 SCI/SSCI 期刊

This is to certify that the Applicant has published or will publish articles (including accepted but not yet published) in SCI/SSCI indexed journals.

接待教授簽章 Signature of FCU Advisor \_\_\_\_\_

同意 上述申請生自 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日至 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日於本校訪問，訪問期間該生需遵守本校相關規定。

I agree to receive the Applicant as a visiting student from (YYYY/MM/DD) 至 (YYYY/MM/DD) at FCU.

接待教授簽章 Signature of FCU Advisor \_\_\_\_\_

接待單位核章

Official Stamp of the host  
Department/Graduate Institute

國際處核章

Official Stamp of the office of International  
Affairs