

# 附件一：致理科技大學 2024 年外國學生入學申請表

## Chihlee University of Technology 2024 Application for International Student Admissions

Admissions Committee, Chihlee University of Technology  
 No.313, Section 1, Wenhua Road, Banciao District,  
 New Taipei City 220305, Taiwan R.O.C.  
 TEL : +886-2-22576167 ext. 1315  
<https://www.chihlee.edu.tw> Email: i206@mail.chihlee.edu.tw

此處貼最近6個月內  
 2吋半身相片。  
 Attach a 2-inch bust  
 photograph taken in  
 the last  
 6 months here.

請以打字或正楷逐項填寫/Please type or print clearly in Chinese

申請人姓名 Applicant's Name	中文 In Chinese	出生日期 Date of Birth	yy年/mm月/dd日
	英文 In English	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
住址 Home Address	申請人電話 Telephone		
信件通訊處 Mailing Address	電子信箱 Email		
出生地點 Place of Birth	宗教 Religion	國籍 Nationality	護照號碼 Passport No.
監護人(家長) Guardian	英文姓名 Full Name in English	中文姓名 Full Name in Chinese	國籍 Nationality
	監護人電話 Telephone	監護人電子信箱 Email	與申請人關係 Relationship
在台聯絡人 Contact Person in Taiwan (optional)	中文姓名 Full Name in Chinese	聯絡人電子信箱 Email	電話 Telephone
	住址Home Address		與申請人關係 Relationship

### 教育背景/Education Background

學程 Degree	學校名稱 Name of Institution	學校所在地 City and Country	就學期間 Duration of Study	取得學位日期 Date of Degree Granted
中五學制/高級中學 Senior High School				
大學/學院 University/College				

### 擬申請就讀之系(所)及學位 /Intended Degree of Study

系(所) Department/ Graduate School				
學位 Degree	<input type="checkbox"/> 碩士班 Master	<input type="checkbox"/> 二技部學士班 Bachelor – 2 Years	<input type="checkbox"/> 四技部學士班 Bachelor – 4 Years	<input type="checkbox"/> 五專部副學士班 Associate Bachelor –5 Years

### 中文語言能力/Chinese Language Ability

學習中文幾年? How many years have you formally studied Chinese?	年/yy	月/mm
學習中文環境(高中、大學、語文機構)? Where did you learn Chinese (high school, college, language institute)?		
您是否參加過中文語文能力測驗? Have you taken any test of the Chinese language?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	何種測驗 What kind of the test	分數 Score

中文能力自我評估 Self Evaluation of Chinese Language Ability				
聽Listening	<input type="checkbox"/> 優Excellent	<input type="checkbox"/> 佳Good	<input type="checkbox"/> 尚可Average	<input type="checkbox"/> 差Poor
說Speaking	<input type="checkbox"/> 優Excellent	<input type="checkbox"/> 佳Good	<input type="checkbox"/> 尚可Average	<input type="checkbox"/> 差Poor
讀Reading	<input type="checkbox"/> 優Excellent	<input type="checkbox"/> 佳Good	<input type="checkbox"/> 尚可Average	<input type="checkbox"/> 差Poor
寫Writing	<input type="checkbox"/> 優Excellent	<input type="checkbox"/> 佳Good	<input type="checkbox"/> 尚可Average	<input type="checkbox"/> 差Poor

◎財力支援狀況：在本校求學期間費用來源？

Financial Support: What is your major financial resource while you study at Chihlee University of Technology?

<input type="checkbox"/> 個人儲蓄 Personal Savings (金額Amount of Dollars) USD.	<input type="checkbox"/> 父母援助 Parent Support (金額Amount of Dollars)
<input type="checkbox"/> 獎助金 Scholarship (來源及金額Sources & Amount of Dollars)	<input type="checkbox"/> 其他 Others (來源及金額Source & Amount of Dollars)

◎獎學金：是否申請本校獎學金？

CLUT Scholarship: Do you need to apply for Chihlee University of Technology Scholarship?

<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
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備註：獎學金之申請及核發僅適用於第1學年。獎學金申請人於第2學年須重新提出申請。

The duration of CLUT scholarship covers the first academic year. All applicants shall reapply from the second academic year.

◎其他資訊：Other information

住宿：是否申請住宿本校？ Accommodation: Have you applied for accommodation in this school? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	健保(National health insurance)：是否已有健保卡？ NHI: Do you have the national health insurance card? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
目前居住地：是否現在在台灣？ Current residence: Are you currently in Taiwan? <input type="checkbox"/> 是 Yes 在台灣 <input type="checkbox"/> 否 No 在母國 In home country	健保資格：是否已連續居住在台灣6個月？ NHI eligibility: Have you stayed in Taiwan continuously for 6 months? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

◎繳交資料紀錄表(務必繳交資料，請在下面表格之註記欄內打✓) Please tick✓ the items that you have submitted.

項次 Item	繳交資料項目 Required document	份數 Copy	註記 Remark
1	入學申請表一式二份(附貼6個月內2吋半身脫帽近照)※必繳 Two copies of application form. (A 2-inch photo taken in the last 6 months must be attached to the form.) ※Must be attached	2	
2	經我國駐外館處驗證通過之最高學歷證明文件影本1份及成績單正本1份(中、英文以外之語文，應附中文或英文譯本)※必繳 One photocopy of the applicant's highest education diploma and one original official transcript of the highest education diploma notarized and stamped by the foreign representative office of the R.O.C. (If written in a language other than Chinese and English, these should be translated into Chinese or English and notarized.) ※Must be attached	1	
3	足夠在臺就學之財力證明，或政府、大專校院或民間機構提供全額獎助學金之證明。(新台幣10萬元以上或美金3,200元以上的金額)※必繳 Financial proof that shows financial sustainability for study in Taiwan, or proof of full scholarship provided by a government agency, university, college, or private organization. (Minimum of balance TWD 100,000 or USD 3,200 is required.) ※Must be attached	1	
4	切結書(身分及學歷申請資格切結書)※必繳 Declaration. ※Must be attached	1	
5	自傳及讀書計畫 ※必繳 Autobiography and Study Plan. ※Must be attached	1	
6	護照影本(具姓名及國籍之頁面)※必繳 One photocopy of the passport page bearing the name and nationality of the holder. ※Must be attached	1	
7	中文能力程度證明(「華語文能力測驗」《TOCFL》) Certificate of Chinese Proficiency. (Test of Chinese as a Foreign Language 【TOCFL】) ※必繳 ※Must be attached	1	
8	最近3個月內之健康證明書(包括人類免疫缺乏病毒有關檢查) ※必繳 A health certificate valid within the last 3 months including HIV test. ※Must be attached	1	
9	網路申請資料及郵寄紙本資料(須同步繳交)※必繳 ※Must be attached Online application materials and mailing application materials must be submitted at the same time <a href="http://140.131.78.176/FTYSystem/stuReg/stuFReg/stuFRM.aspx">http://140.131.78.176/FTYSystem/stuReg/stuFReg/stuFRM.aspx</a>	1	
10	中、英文推薦書 ※非必繳 Letter of Recommendation in English or Chinese. ※Optional	1	

以上資料確由本人填寫，並經詳細檢查，保證正確無誤。

I have reviewed carefully the above information and hereby guarantee its correctness.

申請人簽名 \_\_\_\_\_ 日期 \_\_\_\_\_

所長/系主任審查意見（申請人免填）

同意 錄取學生\_\_\_\_\_

- 碩士班
- 二技部學士班
- 四技部學士班
- 五專部副學士班

不同意 錄取學生\_\_\_\_\_，不錄取原因請勾選：

- 1.審查成績未達入學標準
- 2.語言能力不佳
- 3.其他:\_\_\_\_\_

所長/系主任簽章：\_\_\_\_\_

日期：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

附件二：最高學歷或同等學力證明文件及成績單

掃描/黏貼處(或提供證明)

附件三：財力資助證明

財力資助證明

資助者姓名： \_\_\_\_\_

地址： \_\_\_\_\_

\_\_\_\_\_

與申請人的關係： \_\_\_\_\_

茲保證申請人\_\_\_\_\_在致理科技大學就讀期間所需之學費與生活費由本人完全負責。

資助者簽名： \_\_\_\_\_

日期： \_\_\_\_\_

**※注意：**若為他人資助財力，請繳交本財力資助證明，並由財力資助者簽名。

## 附件四：切結書

### 切結書

#### 一、本人保證：

- (一) 未具僑生身分，且不具中華民國國籍。
- (二) 未曾在過去 6 年內擁有中華民國國籍。
- (三) 未曾以僑生身分申請本校或其他大專校院。
- (四) 申請學士班者，須未曾在中華民國完成申請就學學程或遭任何大專校院退學。

二、本人保證所提供之所有相關資料（包括學歷、護照及其他相關文件之正本及其影本為合法有效之文件。所提供之最高學歷畢業證書（申請四技部學士班者為高中畢業證書，申請二技部學士班者為專科畢業證書，申請五專部副學士班者為公私立國民中學畢業證書，申請碩士班者為大學畢業證書）在畢業學校所在地國家均為合法有效取得畢業資格，且所持有之證件相當於中華民國國內各級合法學校授予之相當學位。

三、本人上述所陳之任一事項，同意授權貴校查證，如有不實或不符規定等情事，本人同意貴校即取消入學資格或註銷學籍，絕無異議。如在貴校畢業後始被發覺，本人同意貴校取消本人畢業資格。

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監護人簽名

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簽名日期

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申請人簽名

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申請日期



附件六：護照影本

掃描/黏貼處(或提供證明)



附件七：中文能力程度證明

TOCFL 等級：A1      A2      B1      B2      C1      C2

掃描/黏貼處(或提供證明)

# 附件八：健康檢查證明應檢查項目表

醫院標誌 **健康檢查證明應檢查項目表 (乙表)** 檢查日期 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hospital (醫院名稱、地址、電話、傳真機) (年)(月)(日)  
 Logo **ITEMS REQUIRED FOR HEALTH CERTIFICATE (Form B)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Hospital Name, Address, Tel, FAX) (M)(D)(Y)  
 Date of Examination

## 基本資料 (BASIC DATA)

姓名 : _____ Name	性別 : <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female Sex	照片  Photo
身份證字號 : _____ ID No.	護照號碼 : _____ Passport No.	
出生年月日 : ____ / ____ / ____ Date of Birth	國籍 : _____ Nationality	
年齡 : _____ Age	聯絡電話 : _____ Phone No.	

## 實驗室檢查 (LABORATORY EXAMINATIONS)

**A. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis) :**  
 X 光發現(Findings) : \_\_\_\_\_  
 判定(Results) :  
合格(Passed)    疑似肺結核(TB Suspect)    無法確認診斷( Pending)    不合格(Failed)  
 (經臺灣健檢醫院判定為疑似肺結核或無法確認診斷者，得至指定機構複驗；但所在縣市無指定機構者，得至鄰近醫院之胸腔科門診複檢。)(Those who are determined to be TB suspects or have a pending diagnosis by the designated hospital in Taiwan must visit the referred institution for further evaluation.)  
孕婦或兒童 12 歲以下免驗 (Not required for pregnant women or children under 12 years of age)

**B. 腸內寄生蟲 (含痢疾阿米巴等原蟲) 糞便檢查 (採用離心濃縮法檢查) (Stool examination for parasites includes *Entameba histolytica* etc.) (centrifugal concentration method) :**  
陽性，種名 (Positive, Species) \_\_\_\_\_ 陰性 (Negative)  
其他可不予治療之腸內寄生蟲 (Other parasites that do not require treatment) \_\_\_\_\_  
兒童 6 歲以下或來自特定地區者免驗 (Not required for children under 6 years of age or applicants from designated areas as described in Note 6)

**C. 梅毒血清檢查 (Serological Test for Syphilis) :**  
 檢驗(Tests) : a. RPR 或 VDRL \_\_\_\_\_ b. TPHA/TPPA \_\_\_\_\_  
 c. 其它 (Other) \_\_\_\_\_  
 判定(Results) : 合格(Passed)    不合格(Failed)  
兒童 15 歲以下免驗 (Not required for children under 15 years of age)

**D. 麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明 (proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates) :**  
 a. 抗體檢查 (Antibody test)  
 麻疹抗體 measles antibody titers    陽性 Positive    陰性 Negative    未確定 (Equivocal)  
 德國麻疹抗體 rubella antibody titers    陽性 Positive    陰性 Negative    未確定 (Equivocal)  
 b. 預防接種證明 Vaccination Certificates  
 (含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少相隔兩週。)  
 (The Certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to going abroad)

麻疹預防接種證明 Vaccination Certificates of Measles  
 德國麻疹預防接種證明 Vaccination Certificates of Rubella  
 c.  經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

**E. 漢生病檢查 (Examination for Hansen's Disease)**

全身皮膚視診結果(Skin Examination)

正常 Normal  
 異常 Abnormal :  非漢生病 (not related to Hansen's disease) : \_\_\_\_\_  
 漢生病(疑似個案須進一步檢查)(Hansen's disease suspect needs further exam)

a. 病理切片(Skin Biopsy) : \_\_\_\_\_  
 b. 皮膚抹片(Skin Smear) :  陽性 (Finding bacilli in affected skin smears)  
 陰性 (Negative)

c. 皮膚病灶合併感覺喪失或神經腫大( Skin lesions combined with sensory loss or enlargement of peripheral nerves)  有 (Yes)  無 (No)

判定(Results) :  合格(Passed)  不合格(Failed)

來自特定地區者免驗 (Not required for applicants from designated areas as described in Note 6)

備註(Note) :

- 一、本表供外籍人士、無戶籍國民、大陸地區人民及香港澳門居民申請在臺灣居留或定居時使用。This form is for **residence application**.
- 二、兒童 6 歲以下免辦理健康檢查，但須檢具預防接種證明備查(年滿 1 歲以上者，至少接種 1 劑麻疹、德國麻疹疫苗)。A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and rubella vaccines.
- 三、懷孕婦女及兒童 12 歲以下免接受「胸部 X 光檢查」；懷孕婦女於產後仍應補照胸部 X 光。Pregnant women and children under 12 years of age are exempted from chest X-ray examination. Pregnant women should undergo chest X-ray after the child's birth.
- 四、申請免除胸部 X 光檢查之適用對象：申請人限來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不適宜進行胸部 X 光檢查之診斷證明書，經行政院衛生署疾病管制局審核通過者，始得免除此項檢測。
- 五、兒童 15 歲以下免接受「梅毒血清檢查」。A child under 15 years old is not necessary to have Serological Test for Syphilis.
- 六、漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibilities to protect the privacy of the applicant and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

八、根據以上對 \_\_\_\_\_ 先生/女士/小姐之檢查結果為

合格  不合格  須進一步檢查

Result : According to the above medical report of Mr./Mrs./Ms. \_\_\_\_\_, he/she

has passed the examination  has failed the examination  needs further examination.

負責醫檢師簽章 : \_\_\_\_\_ (Name & Signature)  
(Chief Medical Technologist)

負責醫師簽章 : \_\_\_\_\_ (Name & Signature)  
(Chief Physician)

醫院負責人簽章 : \_\_\_\_\_ (Name & Signature)  
(Superintendent)

日期 (Date) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 本證明三個月內有效 (Valid for Three Months)