

FENG CHIA UNIVERSITY  
Application Form for International Exchange Students

Academic Year

20  / 20

\* Please print.

**I. Personal Information**

**Full name in English**

First/Given

Middle

Last/Family

**Full name in Chinese**

accept a given Chinese name

Date of Birth  Place of Birth  Gender  Male  Female

Nationality  Passport No.

Native Language  Other Language(s)

Attach one recent passport-size photo here. Write your name on the back of all photos.

**II. Contact Information**

Telephone  Cell Phone  Fax Phone

E-mail  Please do not provide a hotmail account.

Mailing Address

**III. Emergency Contact**

Full Name

Relation  Cell Phone

Telephone  Fax Phone

E-mail

Address

**IV. Current Enrollment Details**

Home University

Department at Home University

Current Student Status  Undergraduate  Master's  Doctoral Current Year of Study

## V. Study at Feng Chia University

Level of Study  Undergraduate  Master's  Doctoral

Name of Target Department  <Academic Program p.3>

Duration of Study at FCU : One Semester  One Academic Year(two semesters)

## VI. Chinese Language Studies

Do you wish to apply for Chinese courses in the Chinese Language Center and pay the fee consequently ?

YES  NO

Have you learned Chinese before?  YES  NO

If yes, for how long and where have you learned it?  year(s)  month(s) in

## VII. Checklist

Please check the items that you have completed and submitted.

- One completed application form with one photo
- Official academic transcripts
- Study plan in Chinese or English
- Two reference letters
- A copy of your non-Taiwanese passport

## VIII. Applicant's Declaration

1. I have read and understood the instructions, and I certify that the information on this application form is complete and correct.
2. I understand that Feng Chia University reserves the right to withdraw any offer it may make, should any statement in this application form prove to be false.
3. I confirm that, if admitted to Feng Chia University, I will abide by all University Regulations.

**Signature:** \_\_\_\_\_ **Date (yyyy/mm/dd):** \_\_\_\_\_

## IX. Home University Acknowledgement

Name of Coordinator  Office

Telephone  Fax Phone

Title  E-mail

**Stamp**

**Coordinator's Signature:** \_\_\_\_\_

**Date (yyyy/mm/dd):** \_\_\_\_\_