



中國醫藥大學

CHINA MEDICAL UNIVERSITY

102 學年度外國學生入學招生 註冊意願確認書

CONFIRMATION OF ENROLLMENT FOR INTERNATIONAL STUDENTS, 2013 ACADEMIC YEAR

請將此確認書於 2013 年 6 月 5 日前掃描回傳至本校國際事務處 (laurel@mail.cmu.edu.tw) 或傳真至 +886-4-2261923，逾期視同放棄。

To confirm your enrollment, please complete this Confirmation of Enrollment, scan and submit it to Office of International Affairs via email (laurel@mail.cmu.edu.tw) or fax (+886-4-22061923) before June 5th, 2013. Students who do not send us this form in time will lose their eligibility to enroll in our university.

姓名(Name)	中文: English:
國籍(Nationality)	
學制(Degree)	
錄取系所(Program)	1. 2. 3.
通訊地址(Address)	本校將以此地址寄發錄取通知，請務必確認並填寫完整。 Please confirm this mailing address which is for Acceptance Notice delivery.
Please check one box only.	
<input type="checkbox"/> 本人願意就讀中國醫藥大學 _____ (系所名稱)，將遵守規定準時完成註冊手續並於註冊時繳交驗證文件。 By checking this box I confirmed that I have been offered admission to China Medical University for Fall Semester 201 3and intend to enroll in this department/ institute: _____ <input type="checkbox"/> 預定開學日(First Day of New Semester): 9 SEPTEMBER 2013 <input type="checkbox"/> 註冊時須繳驗經駐外辦事處驗證之畢業證書、歷年成績及財力證明等相關文件資料正本，否則取消入學資格。 Failure to submit the required documents (including Original diploma, transcript and financial statement verified by Taiwan Embassy or Taiwan representative office in/near your country) during registration will result in the withdrawal of admission.	
<input type="checkbox"/> 我放棄就讀本校並取消入學資格。 I will not enroll in China Medical University for the following reasons (please specify): 原因(Please specify the reasons):	
<div style="display: flex; justify-content: space-between;"> <div data-bbox="440 2063 750 2096">學生簽名(Signature) :</div> <div data-bbox="1015 2063 1185 2096">日期(Date) :</div> </div>	