

## Fu Jen Catholic University

## **International Exchange Student Application Form**

★ Please type / print the fo	ollowing information	on and submit it to your	school counselor.	Please attach 1
				head &
Year of 20/ 2	<b>:</b>			shoulder photo
☐ First Semester (Fa	11):	(vear). Septem	ber - January	(Taken within
		( <i>)</i> • <i>)</i> , ≈ • p •		last six months)
Second Semester	(Spring):	(year), Fe	ebruary - June	
* In Taiwan, the acaden	nic year begins i	in September and en	nds in June the following	ng year.
First Name (given)		Last I	Name (family)	
Chinese Name (if have	)		Gender	Male Female
			Status	Single Married
Date of Birth (MM/DD	O/YYYY) Co	ountry of Birth	Nationality	,
Name of Home Institu  Bachelor: 1st 2nd Current Department:		<sup>th</sup> year <b>Master:</b>	I <sup>st</sup> □2 <sup>nd</sup> year <b>PhD:</b> □	1 <sup>st</sup> □2 <sup>nd</sup> □3 <sup>rd</sup> year
Intended Exchange De	partment of F.	JU:		
Permanent Address			City	
State/Province		Postal Code	Country	
Phone	Fax		E-mail	
+	+			
Mailing Address (If dif	ferent from abo	ve)		
Emergency Contact Po	erson's Name		Relationsh	ip
Passport No. Date of Expiry (MM/DD/YYYY):				

Accommodation	$on$ -campus $\rightarrow \square$ F	Fall semester Spring semester				
	→ ☐ I would like to	live with the local student.				
	$\rightarrow \square$ I want to live v	with the student from my country.				
	off-campus (I will be	responsible for my own arrangement)				
Approximate date of a	rrival (MM/DD/YYYY	Y)/				
Note:						
	reservation for you as fter you submit the app	we receive this application form. Any special request is				
•		s will be arranged into the 3 or 4-bed room.				
3. FJU will notify the applicants of the date for moving in the dormitory.						
<ul><li>4. The curfew from 23:30 to 06:00 is applied to the girls' dormitories.</li><li>5. None of our dormitories provides the room for couple.</li></ul>						
Special health conditi	on or disability help	needed: No Yes (Please describe below)				
	Fina	ncial Statement				
I		certify that I will have all necessary funds available				
for the length of excl	nange for my study a	that I will have an necessary funds available at Fu Jen Catholic University.				
-		•				
■ Name of person pro	oviding support:					
(Printed)		(Signature)				
Relationship	Phone +	Email				
Address						
		Promise				
I,	here	by affirm that all information supplied on this form is complete				
and accurate. I promise	to obey the laws of Tair	wan and the regulations laid down by the government and the				
-	•	riolation of these laws and regulations.				
	•	-				
During my study abroad	d, I promise to take cre	dits by semester according to the criteria of Fu Jen Catholic				
University and to finish t	he final examinations.					
Finally, I do not hold the	e school responsible for a	my personal conduct or for my personal debts of fines imposed				
upon me for violations of	•					
upon me for violations of	i iuws.					
Student's Signature _		Date				
Parent's Signature		Date				
School Counselor's S	ignature	Date				



## Fu Jen Catholic University

## **International Exchange Student Study Plan**

\•/	The demonstrated Lynnighter standard PULL				
	The department I want to study at FJU is:				
*	The purpose that I am applying for FJU exchange program is as below:				
Sig	nature:	Date: (MM/DD/YYYY):			