1. **個人資料 Personal background**

浮貼兩張照片

Please attach 2 recent photograph here

請於2張照片背後寫下您的姓名

please write down your name on the back of the two photos

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 申請人姓名  Applicant’s name | 稱謂Prefix | □ 先生Mr. □ 女士Ms. | | | | |
| 中文姓名 Chinese name | 姓 | | 名 |  | |
| 英文姓名 English name | First name | | Middle name | Last name | |
| ※請依護照上姓名填寫Please fill out full name as appeared in the passport. | | | | | |
| 護照號碼  Passport No. |  | | | 出生日期  Birthdate | \_\_\_\_mm月/\_\_\_\_ dd日/\_\_\_\_\_yy年 | |
| 性別  Gender | □ 男Male  □ 女Female | | | 婚姻狀況  Marital status | □ 單身Single  □ 已婚Married | |
| 國籍  Nationality | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 電話/行動電話號碼  TEL/ Cellphone Number | 1.\_\_\_\_\_\_\_\_\_\_ | 2.\_\_\_\_\_\_\_\_\_\_ |
| 電子郵件  E-mail address |  | | | Whatsapp Number：  Line ID： | | |
| 飲食習慣  Eating Habits | □ 素vegetarians □ 葷Non-vegetarians □ 其它others\_\_\_\_\_\_\_\_  **食物過敏Food Allergy** : □ 是\_\_\_\_\_\_\_\_\_\_\_ □ 否 | | | | | |
| 通訊地址  Mailing address | 郵遞區號Postcode | | | | | |

1. **教育背景 Educational background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 學校  School/University | 學校名稱  Name | 主修  Major | 學位  Degree | 就讀期間  Period (mm/yy) |
| 高級中學  High school |  |  |  | mm月/ yy年 – mm月/ yy年 |
| 大學  University |  |  |  | mm月/ yy年 – mm月/ yy年 |

1. **語文能力Language ability**

|  |  |  |  |
| --- | --- | --- | --- |
| 母語 Native language | □ 中文Chinese □ 英文English □ 其他Other | | |
| 學習中文或英文幾年？  How many years have you formally study Chinese or English？ | | □ 中文Chinese  □ 英文English | |
| 語言證明Language certificate | 程度Level/分數Score | | 取得時間 Date of Exam |
| 托福TOEFL □ IBT □ PBT  □ 多益TOEIC □ 雅思IELTS |  | | \_\_\_\_\_\_\_\_月/\_\_\_\_\_\_\_\_\_年 |
| □ 華語文能力測驗TOCFL |  | | \_\_\_\_\_\_\_\_月/\_\_\_\_\_\_\_\_\_年 |
| □ 其他Other | 請註明Please specify\_\_ | | \_\_\_\_\_\_\_\_月/\_\_\_\_\_\_\_\_\_年 |

1. **未來規劃 Future Plans**

|  |  |
| --- | --- |
| 您的未來規劃為？What is your future plan? | |
| 申請研究所Apply for master’s program  □金門大學 Quemoy University  □台灣其它大學Other universities in Taiwan \_\_\_\_\_\_\_  □原國家country of origin \_\_\_\_\_\_ | 投入職場Seek for employment  □金門 Kinmen  □台灣其它地區Rest of Taiwan \_\_\_\_\_  □原國家country of origin \_\_\_\_\_\_ |

1. **自傳Autobiography**
2. **讀書計畫 Study Plan**

CONSENT AND AUTHORIZATION FORM

(New Southbound Policy Elite Study Program at National Quemoy University)

By enrolling in a short-term program (hereinafter referred to as “the Program”) provided by National Quemoy University (hereinafter referred to as “the University”), I (hereinafter referred to as “I” or “the Applicant”) hereby confirm my understanding of and compliance with the terms and conditions governing my participation in the Program through this CONSENT AND AUTHORIZATION FORM (hereinafter referred to as “this Agreement”).

1. Acknowledgement of Personal Responsibility I understand and agree that the University shall bear no responsibility or liability for any actions or conduct undertaken by me during or outside the period of my participation in the Program.

2. Compliance with Regulations and Standards I agree to comply with all codes of conduct, participation requirements, and instructions issued by the Program administrators. I also agree to observe and abide by the laws and regulations of the Republic of China (Taiwan) and any other jurisdiction where the Program takes place.

3. Grounds for Termination of Participation I fully understand that the University reserves the right, at its sole discretion, to revoke or terminate my participation in the Program immediately if any of the following circumstances occur:

* Any statement I have previously made is found to be false or untrue;
* Any information I have provided for Program participation is found to be false, untrue, or unlawful;
* I fail, without legitimate reason, to comply with the Program’s codes of conduct, other participation requirements, or the instructions of the Program administrators;
* I violate any University rules or any applicable laws or regulations of the Republic of China (Taiwan) or other relevant jurisdictions.
* The University reserves the right to request the Participant to return any benefits obtained from the Program, including but not limited to airfare expenses, monthly allowance, and other related subsidies.

By signing this Agreement, I confirm that I have read, fully understood, and voluntarily agree to the terms and conditions set forth herein.

Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_