

TATUNG UNIVERSITY

Application Checklist for International Exchange Students:

- ☐ Application Form For International Exchange Student: 1 original + 1 copy
- ☐ Proof of Financial Support: 1 original
- ☐ Recommendation Letter: 2 original
- ☐ Official School Transcript: 1 original + 1 copies
- ☐ Agreement to Release Liability: 1
- ☐ Proof of Insurance: 1
- ☐ TTU Dormitory Application: 1
- ☐ Study Plan(including the time period that you plan on fulfilling the curriculum requirements and direction of your study. If you wish to take Chinese language courses or to participate in internship program, please indicate in your plan.)

Incoming International Student applications take 4-6 weeks to process. Be sure to indicate the dates you can be reached at your current address so your admission notice does not get sent to the wrong address. Please contact the Admission Office if your contact information changes (E-mail: wongmrk@ttu.edu.tw, Ms. Weng)

Please return completed application, supporting documents, and all required copies to:

Office of Academic Affairs, Tatung University
No. 40, Sec. 3, Zhongshan N. Rd., Taipei, Taiwan R.O.C.

If you have any question, you may reach us
Contact Person: Ms. Yi-ping Weng (International Education Coordinator)
Tel: +886-2-2182-2928, ext. 6596
Fax: +886-2-2585-5215
E-mail: wongmrk@ttu.edu.tw

TATUNG UNIVERSITY

APPLICATION FORM FOR INTERNATIONAL EXCHANGE STUDENTS

Application Due Dates: April 30 (Fall); October 31 (Spring); February 28(Summer)

Attach a recent 1" x 2"
ID photo

1. Name: _____
(LAST/FAMILY) (FIRST/GIVEN) (MIDDLE) (CHINESE NAME, if any)

2. Current telephone: _____

3. Fax: _____ E-mail: _____

4. Emergency contact: _____ (Person); _____ (Relation to applicant)
_____ (Phone); _____ (Fax); _____ (E-mail)

5. Term and year you wish to enter: ☐ Fall (August) 20____ ☐ Spring (January) 20____ ☐ Summer (June) 20____

Anticipated length of study: from _____ (month/year) to _____ (month/year)

6. Level of study for which you are applying (check one): ☐ Undergraduate ☐ Master ☐ Doctoral

Department to which you are applying: _____

7. Permanent address: _____
(NUMBER AND STREET) (CITY)

(STATE) (POSTAL CODE) (COUNTRY)

8. Current address (if different from above): _____
(NUMBER AND STREET) (CITY)

(STATE) (POSTAL CODE) (COUNTRY) (valid dates: _____)

9. Gender: ☐ Male ☐ Female Date of Birth _____ Age: _____ Birth Place: _____
(MONTH/DAY/YEAR) (CITY) (COUNTRY)

10. Country of citizenship: _____ Country of Permanent Residence: _____ Passport No. _____

11. Is any of your parent a R.O.C. (Taiwan) citizen or resident? ☐ Yes ☐ No

11a. Is English your first language? ☐ Yes ☐ No 11b. If no, TOEFL score: _____ Date taken: _____

12. Are you also applying for the TTU Internship Program? ☐ Yes ☐ No

13. Have you ever enrolled at Tatung University before? ☐ Yes ☐ No If yes, dates: _____

14. Provide the following information for the university you are currently attending. List any degree(s) earned or expected.

(NAME OF UNIVERSITY) (MAJOR) (DATES OF ATTENDANCE) (DEGREE & DATE)

15. Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver's license? ☐ Yes ☐ No

I certify that all statements in this application are complete and true. _____
(Inaccurate information may result in denial of this application or dismissal.) (SIGNATURE) (DATE)

The exchange coordinator at the sending university should complete the following:

This applicant is a nominee for participation on this exchange program. _____

(SIGNATURE)

(DATE)

_____(TITLE)

TATUNG UNIVERSITY

PROOF OF FINANCIAL SUPPORT

1. Applicant's name: _____ Telephone: _____
(LAST/FAMILY) (FIRST/GIVEN) (MIDDLE) (Country/City Code/Number)

2. Home address: _____
(NUMBER AND STREET)

(CITY) (STATE) (POSTAL CODE) (COUNTRY)

3. Current address: _____
(NUMBER AND STREET) (CITY)

(STATE) (POSTAL CODE) (COUNTRY) (valid dates: _____)

4. Country of citizenship: _____ E-mail: _____

5. Is any family member coming to the Taiwan with you? No ____ Yes, I plan to bring the following dependents with me:

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH	CITY AND COUNTRY OF BIRTH
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6. Please show below the financial sources and amounts (in U.S. dollars), and supplement with supporting documents (e.g. bank statement) in English, that you will have to cover all educational and living expenses for yourself (and any dependents accompanying you) during the period of your study at TTU.

SOURCE OF FUNDS

AMOUNT PROVIDED TO APPLICANT

Personal Sources

Applicant's savings (attach bank statement of account)	\$ _____
Applicant's salary while on leave (attach annual salary statement)	\$ _____
Family member's savings (attach bank statement of account)	\$ _____
Family member's salary (attach annual salary statement)	\$ _____
Other personal or family income (attach documentation)	\$ _____

Organizational Sponsors

Taiwanese Government Agency (specify _____)	\$ _____
International Organization (specify _____)	\$ _____
Government	\$ _____
Other (specify _____)	\$ _____

Scholarship (attach detailed scholarship award letter)

Name of organization: _____	\$ _____
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7. **Declaration of Support from Financial Sponsor.** (If you have more than one sponsor, please make a photocopy of this form for their completion)

Name: _____ Relationship to student: _____
(PLEASE PRINT CLEARLY)

Address: _____

Sponsor citizenship: _____

I promise to provide the funds indicated above: _____ Date: _____
(SPONSOR'S SIGNATURE)

8. My signature certifies that all information provided on this form is complete and accurate, and that I agree that I am responsible for all expenses I incurred during my attendance at TTU.

Applicant's signature: _____ Date: _____

TATUNG UNIVERSITY

AGREEMENT TO RELEASE LIABILITIES

By signing is document, I, _____, hereby agree to exculpate Tatung University, Tatung Corporation, my internship sponsor, my host family and its other members, staff, affiliates and subsidiaries whichever applicable from any liability resulting from tort, breach of fiduciary duty, and act or omission occurred during, in relation to, or associate with the administration or activities of the exchange programs, internship programs, and/or other academic cooperation projects. None of the above party, including any person, firm, or corporation of such party shall be held personally liable for any damages unless the wrongful act /omission constitutes gross negligence, self-dealing, bad-faith or intentional harm. In addition, even if I am to hold the wrongdoer personally liable, I agree that myself, my family members, my guardians, my university, my employer, and anyone who might have a claim against the wrongdoer, are not to hold Tatung University, Tatung Corporation, and/or the subsidiaries of Tatung Corporation vicariously liable for any wrong or damage caused by the wrongdoer(s).

I have carefully read through and fully understand the content of this document. I am also fully aware of all the effects and consequences for signing this agreement.

Student (signature): _____ Date: _____

Student Name (print): _____
Last Name First name/Given name Middle Name

Student Passport No.: _____

Passport Issuing Country: _____

TATUNG UNIVERSITY

PROOF OF INSURANCE

Each international student is required to have sufficient health/medical/personal liability insurance coverage during his/her stay in Taiwan, R.O.C. The student can purchase such insurance prior or after their arrival. The student (and his/her dependent(s) whenever applicable) is fully responsible for all insurance and insurance-related costs and expenses.

Applicant's Name: _____
(First) (Middle) (Last)

Will you be insured BEFORE arriving Taiwan R.O.C.?

☐ Yes. If **YES**, please **attach a copy of the insurance policy** to this form and provide the following Information (if already available at the time of application) **OR** submit to TTU upon arrival

Policy Number: _____

Name of Insurance Company: _____

Phone Number of Insurance Company: _____

☐ No. If **NO**, please complete the following:

I, _____ hereby certify that I will purchase the insurance(s) as required by the R.O.C. government to foreign students and as advised by the relevant TTU authority. I understand that I shall be fully responsible for all costs and expenses resulting from such purchase. I also understand that fail to obtain sufficient insurance coverage as required could cause immediately termination of my eligibility to participate in the TTU Exchange Student Program, Internship Program, and/or other TTU programs and might subject me to expedition by R.O.C. government and/or to criminal liabilities as a result of violating the R.O.C. immigration law.

By signing this form, I certify that all information given above and attached are true and accurate.

_____ (Signature)

_____ (Date)