

中國醫藥大學 中文成績申請單 (在校生專用)
China Medical University Application form for
Chinese Academic Record (For Current Students Only)

學制 Degree Classification	<input type="checkbox"/> 學士班 Bachelor's Program <input type="checkbox"/> 碩士班 Master's Program <input type="checkbox"/> 博士班 Doctoral Program		
系/所名稱 Department / Graduate Institute			
姓名 Name			
學號 Student Number		聯絡電話 Contact Number	
證件名稱及份數 Names and Quantities of Documents	1. ____ 年級 Grade		<input type="checkbox"/> 附系排名 with Department Ranking
	<input type="checkbox"/> 上學期 Fall Semester ____ 份 copies		<input type="checkbox"/> 附班排名 With Class Ranking
	<input type="checkbox"/> 下學期 Spring Semester ____ 份 copies		
	<input type="checkbox"/> 全學年 Whole Academic Year ____ 份 copies		
	2. 歷年成績單 Academic Record Transcript(s)		<input type="checkbox"/> 附系排名 with Department Ranking
	____ 份 copies		<input type="checkbox"/> 附班排名 With Class Ranking
工本費 Application Fee	每份 20 元，計新台幣 ____ 元 NT\$20 per copy, total of NT\$ _____		
附註 Remark(s)	1. 請至出納組繳交工本費(Please submit your application fee to the Office of the Cashier.)。 2. 申請單連同繳費收據交給教務處承辦人員(Please submit the receipt along with your application form to the person in charge from the Office of Academic Affairs.)。 3. 逾期一個月未領取者，視同作廢(The transcript will be disposed of if it is not picked up within one (1) month of the date of issue.)。		
申請日期 Application Date	年(Y)	月(M)	日(D)