

中國醫藥大學英文成績申請單

China Medical University Application Form for English Academic Record

系別 Department	<input type="checkbox"/> 日 (Daytime Class) <input type="checkbox"/> 夜 (Nighttime Class)		
姓名 Name			
學號 Student Number		聯絡電話 Contact Number	
英文姓名 English Name	(與護照上相同) (Should be the same as the name in your passport)		
入學年月 Date of Enrollment	年(Y)	月(M)	
畢業/肄業年月 Graduated /Deferred Date	年(Y)	月(M)	屆
份數 Quantity	<input type="checkbox"/> 英文歷年成績單 份 (每份 40 元) Academic Transcript in English copies (NT\$40 per copy)	<input type="checkbox"/> 分數(Grade) GPA : <input type="checkbox"/> 123 <input type="checkbox"/> ABC (以上各項只能擇一申請 Only one of the above can be selected for the application)	<input type="checkbox"/> 附排名 (Academic Ranking)
工本費 Application Fee	每份 40 元，計新台幣 元 NT\$40 per copy, a total of NT\$_____		
附註 Remark(s)	<ol style="list-style-type: none"> 1. 承辦單位：註冊課務組(大學部)、研究生事務處(研究所) Unit(s) in Charge: Registration and Curriculum Section 2. 現場申請者，請至出納組繳交工本費，持繳費收據及申請單向教務處、研究生事務處申請。 For those who apply in person, please submit your application fee to the Office of the Cashier, and apply at the Office of Academic Affairs with your receipt and application form. 3. 郵寄申請者，請填寫申請單，連同工本費(現金)及掛號回郵信封，掛號郵寄至：404 台中市學士路 91 號中國醫藥大學教務處收。 For those who apply by mail, please fill out the application form and send the application form along with the application fee and a pre-paid registered mail return envelope to: China Medical University Office of Academic Affairs No.91 Hsueh-Shih Road, Taichung, Taiwan 40402, R.O.C 4. 逾期三個月未領取者，視同作廢。 The transcript will be disposed of if it is not picked up within three (3) months of the date of issue. 		
申請日期 Application Date	年(Y)	月(M)	日(D)