**Appendix 1**  **Student Scholarship Application Form**

|  |
| --- |
|  Application Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student Personal Information** |
| Applicant Name (in ENGLISH, as it appears in the passport):(First) (Middle) (Last) |
| (CHINESE) (If you have one) |
| E-Mail:Date of Birth: | (yyyy) / (mm) / (dd) |
| Nationality: | Gender: □ Male □ Female  |
| Degree & Major: | Graduate Year: |
| Exchange Semester & Year: | G.P.A:(Home University Previous Semester) |
| Home Institution:Adviser E-mail | Home Country: |
| Adviser: Home institution Student ID Number |  : |
|  : | Contact Number: |
| Host Institution:Host Institution Student ID Number | Host Country: |
| : | Phone Number: |
| University / Intended Major: |
| Period of Exchange: From / / To / / (yyyy) (mm) (dd)(yyyy) (mm) (dd)  |
| **Please keep in mind that only those who comply with the below standards are permitted to apply：🗹** |
| * **I am not an overseas Chinese student who has been awarded a scholarship.**
 | * **I am not an international exchange student in Taiwan.**
 |
| Chronic Diseases (If any, please specify) : Level (Excellent, Good, Fair) Certification RequiredLevel (Excellent, Good, Fair) Certification Required |
| Language Proficiency |  | Language Proficiency |  |
|  |  |  |  |
|  |  |  |  |
| Material to be submitted | □ Application Form□ Photocopy of Passport□ Photocopy of Student ID Card (Home University)□ Autobiography□ Statement of purpose of up to 300 words□ Relevant Certificates□ Official Transcript□ Other |
| **Autobiography (at least 300 words)** |
|  |
| **Statement of Purpose (at least 300 words)** |
|  |
| **I certify that I have provided all the information requested and that it is true and correct to the best of my knowledge, and I give permission for this information to be shared with the UMAP Taiwan National Secretariat and UMAP Board Committee.I am also aware that I will not receive a scholarship, if I do not submit my reports or if I fail to finish the exchange program.****Applicant’s Signature: Date:**  |
| **UMAP Office Use Only** |
| Materials | 1 | □ Application Form□ Photocopy of Passport□ Photocopy of Student ID Card (Home University)□ Autobiography (at least 300 words)□ Statement of Purpose □ Relevant Certificates□ Official Transcript□ Other  |
| 2 | □ Admission Letter from Host University□ UMAP Credit Transfer Scheme (UCTS)□ Two copies of UMAP Receipt□ Exchange Program Study Report of up to 500 Words□ Photocopy of cover of Post Office Passbook/Account Book (Taiwan Students) |
|  | National Secretariat Office | Ministry of Education |
| Signature / Official Seal |  |  |

|  |
| --- |
| **UMAP standard application form and study plan using UCTS** |

**Appendix 2**

**1. STUDENT’S PERSONAL DATA**

NOTE: This must be completed by the student. The information provided in this form will be treated as confidential by the home and host institutions.

Data from the form may be used for UMAP/ UCTS statistical purposes, but only in an aggregated and non-identifiable manner.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:**  | **(Gender: M / F )** | **Student ID Number:**  | **University Year:**  |
| **Home Institution: :**  | **Home Country:**  | **Degree & Major:**  |
| **Host Institution:**  | **Host Country:**  | **Exchange Semester Year:**  |
| **Language Proficiency: (name of Language)**  | **(Level)**  | **Health Insurance:**  |

**2. DETAILS OF THE PROPOSED UMAP STUDY PLAN - SEMESTER 1 ( ~ )**

NOTE: This must be completed and signed by the student and countersigned by the academic advisor/staff members of both institutions. If necessary, continue the list on a separate sheet, and include any changes to the approved program. Any additional sheet must also be signed and countersigned.

|  |  |
| --- | --- |
| Course number, title, and weekly Teaching hours (TH) and Student’s total workload (SW – including TH) | Credits |
| Host Institution | (your) Home Institution | HOST | HOME |
| Course # | Title | TH (SW)\* weeks | Course # | Title | TH (SW) \* weeks | Credits | UCTS | Credits | UCTS |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**\* Note: Give the number of instruction weeks for that academic semester/term, excluding both reading and examination week(s)**

**CONTINUED OVERLEAF**

**3. DETAILS OF THE PROPOSED UMAP STUDY PLAN - SEMESTER 2 ( ~ )**

NOTE: This must be completed and signed by the student and countersigned by the academic advisor/staff members of both institutions. If necessary, continue the list on a separate sheet, and include any changes to the approved program. Any additional sheet must also be signed and countersigned.

|  |  |
| --- | --- |
| Course number, title, and weekly Teaching hours (TH) and Student’s total workload (SW – including TH) | Credits |
| Host Institution | (your) Home Institution | HOST | HOME |
| Course # | Title | TH (SW)\* weeks | Course # | Title | TH (SW)\* weeks | Credits | UCTS | Credits | UCTS |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**\*Note: Give the number of instruction weeks for that academic semester/term, excluding both reading and examination week(s)**

|  |  |
| --- | --- |
| Student’s signature:  | Date:  |

***We confirm that proposed program of study plan is approved***

|  |  |
| --- | --- |
| Home institution’s academic advisor/staff member | Host institution’s academic advisor/staff member |
| Signature:  | Signature:  |
| Title:  | Title:  |
| Date:  | Date:  |

**Appendix 3 PLEASE SUBMIT TWO COPIES**

**Certification**

|  |
| --- |
| Name (in ENGLISH, as it appears in the passport):(First) (Middle) (Last) |
| Passport No: | Date of Birth:(yyyy) / (mm) / (dd) |
| E-mail: | Phone No.: |
| Home University (please include the address): |
| Host University (please include the address): |
| Period of Exchange: From / / To / / (yyyy) (mm) (dd)(yyyy) (mm) (dd)  |
|  Signature: Date: (yyyy) (mm) (dd) |
| **Office Use Only** |
| **International Office of Host University** |
| 1. Please confirm that all the information is complete.2. Please affix the official university seal to confirm that the student’s information is true and correct.3. Please return this form to the student after confirmation. | (Affix seal here) |
| Signature: Date:  |

****

**Receipt**

|  |
| --- |
| Acknowledgement of receiving 20 UMAP Student Exchange Scholarship NTD$ from Ministry of Education, TaiwanHost University:Home University:Passport Number:Applicant’s Signature: Date: (mm,dd,yyyy) |

|  |
| --- |
| **Appendix 4** **Study Report** |
| **Basic Information** |
| Applicant Name: |
| E-Mail: |
| Home University: |
| Host University: |
| Period of Exchange: From / / To / /(yyyy) (mm) (dd)(yyyy) (mm) (dd)  |
| **Study Report/Feedback (at least 500 words)** |
|  |