

APPLICATION FOR RESEARCH ELECTIVE
National Cheng Kung University, College of Medicine

Photo

***TO BE COMPLETED BY STUDENT**

Name: _____ Chinese Name (if available): _____

School Name: _____

Department: _____

Present status at school: ___-year student of ___-year program (ex. 2nd-year of 4 year program)

Email: _____; Tel No.: _____

Previous research activities/topics

1. _____
2. _____
3. _____

The department or Professor of your choice:

Professor and Department Name

1. _____
2. _____
3. _____

Total period: _____ weeks, from _____ to _____

Language ability and proficiency test and test score (if available)

English Excellent Fair Poor Test and test score: _____

Chinese Excellent Fair Poor Test and test score: _____

Other _____ Excellent Fair Poor Test and test score: _____

Dormitory arrangement: yes no

Signature: _____

Date of Application: _____

Please provide Copy of Passport, CV, purpose statement to Ms. Jui Chen at
jjc81@mail.ncku.edu.tw