輔仁大學醫學院國外研習申請表

填表日期: 年 月 日

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| --- | --- | --- | --- | --- |
| 中文姓名 |  | English Name |  | （photo） |
| 出生年月日  Date of Birth |  | 性別  Gender |  |
| 就讀科系年級  Department / Grade |  | 英文能力測驗成績  Official English Test Score |  |
| 申請見習學校  志願序  Priority for  School of Interest | 1)  2)  3) | | |
| 聯絡地址  Contact Address |  | | | |
| 連絡電話  Contact Phone |  | | | |
| 電子郵件  Email |  | | | |
| 研修計畫 Plan of Study written in English (within 150 words) | | | | |

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| 英文自傳 Autobiography written in English (within one page) |