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) |