



# Shih Chien University

## Application Form for International Program

Please complete the following sections with **COMPUTER TYPING** in English.

PERSONAL INFORMATION	
Full Name in English (Same as passport)	
Date of Birth	
Gender	
Place of Birth	
Passport Number	
Nationality	
Email Address	
Phone Number	

Home University Information	
Institution Name	
Institution Country	
Department	
Level of Study	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Study Year	
Contact	

Section 2. Emergency Contact	
<b>Full Name in English</b> Family Name: _____ Given Names: _____	
<b>Relation with Applicant</b>	<b>Telephone</b> Area Code: _____ Tel: _____
<b>Cell Phone</b> Area Code: _____ Tel: _____	<b>E-mail</b>
<b>Mailing Address</b> Number and Street Name: _____ City: _____ State/Province: _____ Postcode/Zip _____ Country: _____	

Section 3. Home University Information	
<b>Name of Home University</b>	<b>Level of Study</b>
<b>Name of Department</b>	<b>Current Year of Study</b> <input type="checkbox"/> 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/> 4 <sup>th</sup> year <input type="checkbox"/> 5 <sup>th</sup> year <input type="checkbox"/> 6 <sup>th</sup> year <input type="checkbox"/> other _____ (please specify)

Section 4. Application Type & Proposed Area of Study	Section 5. Study Duration and Commencement Date
<b>Program</b> <input type="checkbox"/> Exchange (Non-degree seeking) <input type="checkbox"/> Dual Degree <b>Area of Study:</b> <b>College of Management</b> <input type="checkbox"/> English Taught Program in International Business (Bachelor) <input type="checkbox"/> English Taught Program in International Business (Master) <input type="checkbox"/> Applied Foreign Language / Master's Program in English Communication <input type="checkbox"/> Information Technology and Management <b>College of Design</b> <input type="checkbox"/> Communication Design <input type="checkbox"/> Industrial Design <input type="checkbox"/> Fashion Design <input type="checkbox"/> Architecture	<b>Study Duration:</b> <input type="checkbox"/> One semester (5 months) <input type="checkbox"/> Two semesters (10 months) <b>Commencement:</b> <input type="checkbox"/> September – January (Fall semester) <input type="checkbox"/> February – June (Spring semester)

Section 5. Accommodation
<p><b>Do you wish to apply for the university accommodation?</b></p> <input type="checkbox"/> <b>Yes, I would like to apply for the university accommodation.</b> Accommodation application information will be provided to the students after admission to Shih Chien University is confirmed. <input type="checkbox"/> <b>No, I will arrange my own accommodation.</b> Please provide your address and contact number in Taiwan no later than the orientation day.

Section 6. Home University Contact (For Home University Coordinator ONLY)	
<b>Name of Coordinator</b> Family Name: _____ Given Names: _____	<b>Name of Office</b> _____
<b>Title</b> _____	<b>Telephone</b> Area Code: _____ Tel: _____
<b>Fax</b> Area Code: _____ Tel: _____	<b>E-mail</b> _____
<b>Signature of Coordinator</b> _____	<b>Date</b> _____/_____/_____(dd/mm/yy)

Section 7. Checklist of Required Documents/Materials (Please tick the items submitted)	
Item	Check
Passport Size Photo * 3 (white background)	<input type="checkbox"/>
One Copy of the Bio Page of the passport	<input type="checkbox"/>
One Copy of Current Official Transcript (in English)	<input type="checkbox"/>
Two Letters of Recommendation (in English)	<input type="checkbox"/>
C.V.	<input type="checkbox"/>
Motivation letter(s)	<input type="checkbox"/>
Work Portfolio (required if applying for College of Design)	<input type="checkbox"/>

## Section 8. Applicant's Declaration

1. I hereby declare that the information provided on this application is correct and complete.  
I understand that Shih Chien University reserves the right to withdraw any offer or cancel my enrolment at Shih Chien University should any statement in this application is proven to be false.
2. In a case of emergency, I hereby grant Shih Chien University to contact the emergency contact on my behalf.
3. I confirm that, if admitted to Shih Chien University, I will abide by all University Regulations.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd/mm/yy)

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Please send the application form and the required documents and materials by post to:

**Shih Chien University**  
***Office of International Affairs***

No. 70, Dazhi Street, Taipei, Taiwan, R.O.C. 10462  
Tel: +886-2-2538-1111 ext.1155  
Fax: +886-2-2533-4748

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Should you have any questions, please contact staff of International Affairs Office:

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