APPLICATION FORM FOR ADMISSION TO THE DD PROGRAM/ EXCHANGE
OF THE COLLEGE OF SCIENCE, NATIONAL TAIWAN NORMAL UNIVERSITY
(SPECIAL SCREENING OF INTERNATIONAL STUDENTS, INTERNATIONAL PROGRAM)

*** Must be written on a computer or similar device. Handwritten applications are not acceptable.**

Examinee number ※For office use only

To the Dean of the College of Science, National Taiwan Nowmal University

I hereby apply for admission to the ☐ DD Program (for _____ Department) ☐ Exchange Program of the CoS, NTNU.

Name in Full	Family Name	First Name	Middle Name (if any)
(Must be the same as your passport)			

Date of birth	month	day	year	Gender	☐ Male ☐ Female ☐ Other
				Nationality	

Current address & postal code	Postal code : Country:	(4.5cm×3.5cm) Attach a photograph of yourself taken within the past 3 months. Write your name and nationality in block letters on the back of the photograph.
Telephone No.		
Mobile Phone No.		
E-mail		

Latest educational background					
	University				
	Faculty				
	Department				
	Degree				(Ex. Bachelor, Master, etc.)
	Date of graduation or expected date of graduation	month	day	year	☐ Graduation ☐ Expected

Desired research theme

Name in Full:	

Educational Background

		Name and Address of School	Officially Required Number of Years of Schooling	Year and Month of Entrance and Completion	Period of Schooling	Degree Awarded	Major Subject
Secondary School (Secondary Education)	Lower	Name Location	yrs	From To	yrs and mons		
	Upper	Name Location	yrs	From To	yrs and mons	*	
Undergraduate Level (Higher Education)		Name Location	yrs	From To	yrs and mons		
Graduate Level (Higher Education)		Name Location	yrs	From To	yrs and mons		
Total Years of Schooling mentioned above			yrs		yrs		

Note :

1. Primary school, kindergarten education or nursery school education is excluded.
2. Preparatory education for university admission is included in secondary education.
3. 3. In the case that the applicant has passed the examination for admission to a university, indicate it in the blank marked *.

Employment Record

Name and Address of Organization	Period of Employment	Position
	from to	
	from to	

Emergency contact

Name		Relationship with You	
Current address & postal code	Postal code : Mobile Phone / Telephone No.		