Appendix 2: Application Form for the INTENSE Program

Fall Intake 2025

Kaohsiung Medical University

According to regulations of the Ministry of Education and the Ministry of the Interior, applicants must submit his/her birth certificate, certifications of the parents and any document that proves their parental relationship. Documents that certify the applicant’s nationality are also mandatory.

\* Required field

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| **Which department do you wish to apply? \* (Multiple choices allowed)**□ Department of Medicinal and Applied Chemistry (Industry Partners: Consistent Electronic Materials Inc.)□ Department of Medicinal and Applied Chemistry (Industry Partners: Eternal Materials Co. Ltd.)□ Department of Biomedical Science and Environmental Biology (Industry Partners: Ing Stingless Bee Ltd.)□ Department of Biomedical Science and Environmental Biology (Industry Partners: Adaptor Genomic Sciences LTD.)□ Department of Biotechnology (Industry Partners: Ing Stingless Bee Ltd.)□ Department of Biotechnology (Industry Partners: Adaptor Genomic Sciences LTD.) |
| **Personal Information\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Application Number(For Official Use Only) |
| Full Name | (in English) |
| (in Chinese) | Attach recentphotograph here(about 1〞x 2〞) |
| Mailing Address |  |
| E-mail Address |  | WhatsApp ID |  |
| Passport Number |  | TEL |  |
| Nationality |  | Mobile Phone |  |
| Gender | □ Male □ Female | Date of Birth |  (Month)／ (Day)／ (Year) |
| **Educational Background\*** |
|  | Name of Institution | City and Country | Degree | Duration | Major |
| High School |  |  |  | From： (month/year) To： (month/year) |  |
| College or University |  |  |  | From： (month/year) To： (month/year) |  |
| Master’s Program |  |  |  | From： (month/year) To： (month/year) |  |

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| **Relevant Work Experiences** |
|  |
| **Field of Research Interest** |
|  |
| **Chinese Proficiency Level** |
| □ Listening □ Speaking □ Reading □ Writing |
| ◎Have you taken any test of Chinese language？□ No □ Yes (Please enclose the certificate in your application form.) |
| **Parents’ Information\*** |
| Parents Information | Name | Place of Birth | Nationality |
| Father |  |  |  |
| Mother |  |  |  |
| Have you or your parents ever held the R.O.C. nationality？ □ Yes □ No |
| **Contact Person in Taiwan** |
| Name |  | Email |  | Relationship |  |
| Address in Taiwan |  | TEL |  |
| **Emergency Contact Person in Your Country** |
| Name |  | Email |  | Relationship |  |
| Address in the Country |  | TEL |  |
| **References** |
| **Referee 1** Name: Title/Position: Email: Phone number: Relationship to the applicant: **Referee 2** Name: Title/Position: Email: Phone number: Relationship to the applicant: |
| **What are your major financial resources during your stay at KMU?** |
| □ Taiwan Scholarship□ Personal Savings□ INTENSE Program Grants and KMU Scholarship□ Parental Support□ Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ◎*I certify that I have completed this application form by myself, and that all the information I have given is correct.*◎*KMU will comply with the provisions of the Personal Information Protection Act of the R.O.C. government and relevant regulations. The personal data of the applicants will be retained by the university and used only for student recruitment and the necessary admissions process.*Applicant’s signature: date: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_(month) (day) (year) |

※ The application form and the required documents must be compiled into a single PDF file and submitted via email to enr@kmu.edu.tw before the application deadline.