高雄醫學大學英文畢業門檻通過證明文件
Kaohsiung Medical University
Certification of Fulfillment of English Language Proficiency Requirement For Graduation

系所名稱 Department：醫藥暨應用化學系 Department of Medicinal and Applied Chemistry

學號：
ID Number

中文姓名：
Name in Chinese

英文姓名：
Name in English

我已確認本附件與正本相符，如有偽造自負法律責任。
I hereby confirm that this attachment is consistent with the original document. Any forgery will be subject to legal liability.

學生簽名處：
Student's Signature

審核人員簽章：
Reviewed and Verified by

系主任：
Department Chair's Sinature

申請日期：
Date of application

請將證書或成績單影本黏貼至本欄中
Please affix a copy of the certificate or transcript in this section.

保存期限：請保留至該生畢業　Retention Period: Please keep until the student's graduation.