

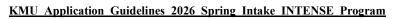
Appendix 2: Application Form for the INTENSE Program Spring Intake 2026 Kaohsiung Medical University

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							
Which departme	ent do you wish to apply? * (Multiple choices	s allowed)				
Department of De	Medicinal and Applied Chemistr Medicinal and Applied Chemistr Biomedical Science and Environ Biomedical Science and Environ Biotechnology (Industry Partners Biotechnology (Industry Partners	y (Industry Partner mental Biology (In mental Biology (In s: Ing Stingless Be	rs: Eternal Mate adustry Partners adustry Partners: A e Ltd.)	rials (: Ing Adapto	Co. Ltd.) Stingless Bee	e Ltd.)	
Personal Inform	ation*				A 1' 4'		
Full Name (in English)						Application Number (For Official Use Only)	
Tull Name	(in Chinese)						
Mailing Address					Attac	h recent	
E-mail Address		WhatsApp ID	photograph here				
Passport Number		TEL	(about 1"x 2")				
Nationality		Mobile Phone					
Gender	☐ Male ☐ Female	Date of Birth	(Month)/		(Day)/	(Year)	
Educational Bac	kground*						
	Name of Institution	City and Country	Degree		Duration Majo		
High School				From: (month/year) To: (month/year)			
College or University				From: (month/year) To: (month/year)			
Master's Program				Fro (mc To	m: onth/year)		



Relevant Work Experiences								
Field of Research Interest								
Chinese Proficiency Level								
☐ Listening ☐ S	Speak	ing \square Rea	ading	Writing				
				our application form	n)			
Parents' Information		chelose the ce.	runeate in ye	он аррисаной того	II. <i>)</i>			
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	ress 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 ap	plica	nt:						





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://				

* 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.