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 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*

Full Name	(in English)			Application Number (For Official Use Only)
	(in Chinese)			Attach recent photograph 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)	

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.