

STUDY ABROAD GUIDELINE

Fu Jen Catholic University

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Program Timeline

Submit Application Documents: **Before 30th May** (checklist on pg.3)



Review of Applications: **June**



Notification of Review Results: **July**



Submit Enrollment Documents: **July**(pg.7)



Issuance of Admission



Arrange the Travel to Taiwan (visa, tickets, accommodation, etc.)



Notifies the Dormitory Room Numbers: **August**



Program Period: **September to January**
Flexible Learning Weeks: **5th January – 17th January**



*Actual teaching and exam dates are subject to the course syllabus.



Sends Transcripts to Student(via email): **Mid-March**

Fu Jen Catholic University Study Abroad Document Checklist for Applications

	Required Documents	
1.	Application Form (pg.4 or click on the link)	<input type="checkbox"/>
2.	Complete academic transcripts <ul style="list-style-type: none"> ● Must be in English or Chinese 	<input type="checkbox"/>
3.	Recommendation letter from an instructor Must be in English or Chinese	<input type="checkbox"/>
4.	Certificate of Enrollment (at your home university) <ul style="list-style-type: none"> ● Must be in English or Chinese ● The certificate must have been issued within one month of the date you apply 	<input type="checkbox"/>
5.	Information page from your passport	<input type="checkbox"/>
6.	Proof of language proficiency(pg.6)	<input type="checkbox"/>
7.	Passport photo <ul style="list-style-type: none"> ● A color photo taken within the past year, with a white background, and not digitally altered ● Size: 4.5 cm x 3.5 cm ● Without a hat, no glasses ● Clearly showing facial features (eyes, ears, nose, mouth, eyebrows) 	<input type="checkbox"/>

**FU JEN CATHOLIC
UNIVERSITY**

**OFFICE OF
INTERNATIONAL
EDUCATION**



**STUDY ABROAD APPLICATION FORM
SPRING 2025**

This PDF file can be filled out on your computer; please do not complete it by hand

Chinese Name

Your Chinese name will be used on your Student ID. If you don't have a Chinese name, FJCU will give you one.

English Name

Date of Birth

Sex

Male

Female

Nationality

Passport No.

Home Institution

Website of Home
Institution

Major

Program Level

Year of Study

Address

Telephone No.

Cell Phone No.

E-mail Address

Address in Taiwan

Telephone No.

Cell Phone No.

Person to Contact in Case of Emergency

In your Country

Full Name

Relationship

Telephone No.

E-mail
Address

Cell Phone No.

In Taiwan

Full Name

Relationship

Telephone No.

E-mail
Address

Cell Phone No.

Accommodation

I understand dormitory regulations and would like to apply for on-campus residency.

I will make my own arrangements to live off-campus.

Financial Statement and Declaration

1. I guarantee that I have sufficient funds to support myself during exchange studies in Taiwan, and that I will be responsible for all costs associated with my studies. I will be supported by funds from the following source:

Private sponsor

Name		Sponsor's relationship to applicant		Date	
Signature of sponsor					

Scholarship

Name of organization providing scholarship	
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2. I guarantee that I will comply with all laws of Taiwan (R.O.C.) and all regulations of Fu Jen Catholic University during my stay in Taiwan.
3. I guarantee that I will purchase international medical and accident insurance before arriving in Taiwan to cover potential medical costs incurred during my stay.
4. I guarantee that I will go to scheduled classes and attend the mid-term and final exams. I understand that I will not receive official transcripts or any certificates or records related to my grades if I fail to attend exams or discontinue my studies early.
5. I guarantee that the information I have provided is true and that all documents are legally valid. If any of the information I have provided is incomplete or inaccurate, I will accept the revocation of my exchange student status without dispute. I understand, likewise, that in such a situation Fu Jen Catholic University will not issue any certificates or documents pertaining to my exchange studies.

Signature of applicant	
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Proof of language proficiency

Students planning to take courses taught in English

You must submit one of the documents below if you'll be taking a course taught in English:

1. Documents demonstrating English proficiency equivalent to TOEIC 750 or TOEFL iBT 79 or TOEFL ITP 550 or IELTS 6.0
2. MBA Program in International Management: TOEIC 750 or TOEFL iBT 79 or TOEFL ITP 550 or IELTS 6.0
3. BA program, Dept. of English Language and Literature: TOEFL iBT 79 or IELTS 6.0
4. MA Program, Dept. of English Language and Literature: TOEFL iBT 100 or IELTS 7.0
5. MA Program in Translation and Interpretation Studies: proofs equivalent to CEFR C2
6. Native English speakers are exempt

Students applying to programs at the College of Foreign Languages and Literatures

1. An international language proficiency test for Japanese, French, German, Spanish or Italian
2. Native speakers are exempt

Enrollment Documents

If unable to submit in time, please email us in advance to inform us of the expected submission date.

- Document 1 - [Health Certificate and Medical Reports](#) (pg.8 or click on the link)
FJCU uses the Health Certificate for Residence Application issued by the Ministry of Health and Welfare. Please make sure to use that form for your medical examination. Please complete all sections of the form. Copies of all related medical reports must also be submitted.

- Document 2 - [Emergency Authorization Form](#) (pg.15 or click on the link)
- Document 3 - **International accident and medical insurance**
(shall be submitted at least two weeks before your arrival)
Before leaving for Taiwan, you must purchase insurance from your country to cover your entire stay in Taiwan. Insurance must cover the following:
 1. Accidental death or disability
 2. Medical treatment for accidents and sickness (outpatient and inpatient treatment)
 3. Emergency repatriation and transportThe University does not provide insurance to exchange students. Please ensure that you purchase sufficient coverage. We strongly urge students purchase more than the bare minimum – better safe than sorry!
- [Learning Agreement](#) (pg.16 or click on the link)

醫院標誌

Hospital's Logo

居留或定居健康檢查項目表 Health Certificate for Residence Application

(醫院名稱、地址、電話、傳真)

檢查日期 / Date of Examination

(Hospital's Name, Address, Tel, Fax)

YYYY / MM / DD

基本資料 / Basic Data

姓名： Name	性別： <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F Sex	照片 / Photo
身份證字號： ID No.	護照號碼： Passport No.	
出生年月日： Date of Birth : <u>YYYY</u> / <u>MM</u> / <u>DD</u>	國籍： Nationality	
年齡： Age	聯絡電話： Phone No.	

實驗室檢查 / Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis : (請附上檢驗報告 Medical reports must also be attached)

X 光發現 / Findings : _____

判定 / Result :

- 合格 / Passed 疑似肺結核 / TB suspect 無法確認診斷 / Pending 不合格 / Failed
 孕婦或 12 歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites : (請附上檢驗報告 Medical reports must also be attached)

- 陽性，種名 / Positive, Species _____ 陰性 / Negative
 其他可不予治療之腸內寄生蟲 / Other parasites that do not require treatment _____
 來自附錄三之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 梅毒血清檢查 / Serological Tests for Syphilis : (請附上檢驗報告 Medical reports must also be attached)

檢驗 / Tests :

- a. RPR VDRL
 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers _____
- b. TPHA TPPA FTA-abs TPLA EIA CIA
 陽性 / Positive, 效價 / Titers _____ 陰性 / Negative, 效價 / Titers _____
- c. other _____ 陽性 / Positive, 效價 / Titers _____
 陰性 / Negative, 效價 / Titers _____

判定 / Result : 合格 / Passed 不合格 / Failed

15 歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles Antibody or Measles Vaccination Certificates : (請附上檢驗報告 Medical reports must also be attached)

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody 陽性 / Positive 陰性 / Negative 未確定 / Equivocal

- b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)

麻疹預防接種證明 / Measles Vaccination Certificate

- c. 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

E. 德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Rubella Antibody or Rubella Vaccination Certificates : (請附上檢驗報告 Medical reports must also be attached)

a. 抗體檢查 / Antibody Tests

德國麻疹抗體 / Rubella Antibody 陽性 / Positive 陰性 / Negative 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)

德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

漢生病檢查 / Examinations for Hansen's Disease

全身皮膚視診結果 / Skin Examination

正常 / Normal

異常 / Abnormal : 非漢生病 / Not related to Hansen's disease : _____

疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations

a. 病理切片 / Skin Biopsy : _____

b. 皮膚抹片 / Skin Smear : 陽性 / Positive 陰性 / Negative

c. 皮膚病灶合併感覺喪失或神經腫大 / Skin lesions combined with sensory loss or enlargement of peripheral nerves : 有 / Yes 無 / No

判定 / Result :

合格 / Passed 須進一步檢查 / Needs further examinations 不合格 / Failed

來自附錄四之國家/地區者免驗 /

Not required for applicants from countries/areas listed in Appendix 4

健康檢查總結果 / The final result of health examination :

合格 / Passed 須進一步檢查 / Need further examinations 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist : _____

負責醫師簽章 / Signature of Chief Physician : _____

醫院負責人簽章 / Signature of Superintendent : _____

日期 / Date : YYYY / MM / DD

備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

附錄一 愛滋篩檢與治療費用通知書

(請健檢醫院將此通知書併同健康檢查證明發給受檢者)

Appendix 1 Notice for HIV Screening and Treatment Costs

(Health examination hospitals shall issue this notice and health certificate to the examinee)

非本國籍人士在中華民國治療 HIV 感染之費用，中華民國政府不提供補助，每年治療費用約為新臺幣三十萬元(約美金一萬元)。如為 HIV 感染者，建議留在母國接受治療。欲來中華民國工作者，請先行購買醫療保險，以免造成個人財務負擔。傳染病諮詢電話為 0800-001922。

The Government of Republic of China (Taiwan) does not offer subsidies to non-ROC nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD\$300,000 (approximately USD\$10,000). Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens. The consultation hotline for infectious diseases is 0800-001922.

附錄二 辦理居留或定居健康檢查補充說明事項

Appendix 2 Additional instructions of health examination for residence application

一、懷孕婦女及 12 歲以下兒童免驗胸部 X 光檢查；懷孕婦女於產後應補辦理胸部 X 光檢查。

Pregnant women and children under 12 years of age are exempt from chest X-ray examination; Pregnant women should undergo chest X-ray examination after the child's birth.

二、腸道寄生蟲糞便檢查採離心濃縮法。

Stool examination for parasites should be done with centrifugal concentration.

三、15 歲以下兒童免驗梅毒血清檢查。

Children under 15 years of age are exempt from serological test for syphilis.

四、漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。

Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibility to protect the privacy of the applicant, and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

附錄三 免驗腸內寄生蟲糞便檢查之國家/地區表

Appendix 3 List of countries/areas not required to undergo stool examination for parasites

西太平洋區 Western Pacific Region	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
東地中海區 Eastern Mediterranean Region	
巴林 Bahrain	科威特 Kuwait
卡達 Qatar	沙烏地阿拉伯 Saudi Arabia
阿拉伯聯合大公國 United Arab Emirates	
美洲區 Region of the Americas	
阿根廷 Argentina	加拿大 Canada
智利 Chile	美國 United States of America
歐洲區 European Region	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維雅 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

附錄四 免驗漢生病檢查之國家/地區表

Appendix 4 List of countries/areas not required to undergo examination for Hansen's disease

西太平洋區 Western Pacific Region	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
美洲區 Region of the Americas	
加拿大 Canada	智利 Chile
美國 United States of America	
歐洲區 European Region	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維雅 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

附錄五 健康檢查不合格之認定及處理原則

檢查項目	不合格之認定及處理原則
胸部 X 光 肺結核檢查	<p>一、活動性肺結核或結核性肋膜炎視為不合格。</p> <p>二、非活動性肺結核視為合格，包括下列診斷情形：纖維化(鈣化)肺結核、纖維化(鈣化)病灶及肋膜增厚。</p> <p>三、經診斷為「疑似肺結核」或「無法確認診斷」者，請攜帶體檢報告、胸部 X 光片至指定機構再檢查；所在縣市無指定機構者，得至鄰近醫院之胸腔科門診再檢查。</p> <p>四、不合格者得留臺治療後重新體檢，但時間依其停留簽證或入出境許可證之效期為限。</p>
腸內寄生蟲 糞便檢查	<p>一、經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如：痢疾阿米巴原蟲 (<i>Entamoeba histolytica</i>)、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。</p> <p>二、經顯微鏡檢查結果為人芽囊原蟲及阿米巴原蟲類，如：哈氏阿米巴 (<i>Entamoeba hartmanni</i>)、大腸阿米巴 (<i>Entamoeba coli</i>)、微小阿米巴 (<i>Endolimax nana</i>)、嗜碘阿米巴 (<i>Iodamoeba butschlii</i>)、雙核阿米巴 (<i>Dientamoeba fragilis</i>)、唇形鞭毛蟲(<i>Chilomastix mesnili</i>)等，可不予治療，視為「合格」。</p> <p>三、不合格者得接受治療，檢具複檢陰性證明者，視為合格。</p> <p>四、妊娠孕婦如為寄生蟲檢查陽性者，視為合格；請於分娩後，進行治療。</p>
梅毒血清 檢查	<p>一、具下列任一條件，視為不合格：</p> <p>(一)未曾接受梅毒治療或病史不清楚者，其血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗陽性。</p> <p>(二)曾經接受梅毒治療者，其血清非特異性梅毒螺旋體試驗效價≥ 4倍上升。</p> <p>二、血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗：</p> <p>(一)非特異性試驗：快速血漿反應素試驗(RPR)或性病研究實驗室試驗(VDRL)。</p> <p>(二)特異性試驗：梅毒螺旋體血液凝集試驗(TPHA)、梅毒螺旋體粒子凝集試驗(TPPA)、梅毒抗體間接螢光染色法(FTA-abs)、梅毒螺旋體乳膠凝集試驗(TPLA)、梅毒螺旋體酵素免疫分析法(EIA)或梅毒螺旋體化學冷光免疫分析法(CIA)。</p> <p>三、梅毒血清檢查如使用中央衛生主管機關所增列之檢驗方法，得於其他下增列。</p> <p>四、不合格者得接受治療，檢具治療證明者，視為合格。</p>
麻疹及德國 麻疹抗體檢 查	<p>麻疹或德國麻疹抗體檢查報告為陰性或未確定者，且未檢具麻疹及德國麻疹預防接種證明者，視為不合格。但經醫師評估有麻疹及德國麻疹疫苗接種禁忌者，視為合格。</p>
漢生病檢查	<p>一、經診斷為「須進一步檢查」者，請至指定機構進一步檢查；所在縣市無指定機構者，得至鄰近醫院之皮膚科門診。</p> <p>二、不合格者得留臺治療後重新體檢，但時間依其停留簽證或入出境許可證之效期為限。</p>

註：胸部 X 光肺結核檢查或漢生病檢查之再檢查指定機構名單請洽衛生福利部疾病管制署 (<http://www.cdc.gov.tw>)/國際旅遊與健康/外國人健檢/健檢指定醫院/「胸部 X 光檢查確認機構名單」或「漢生病個案確診及治療指定機構」。

Appendix 5 Principles in determining the health examination failed and further procedures

Test	Principles in determining the health examination failed and further procedures
Chest X-ray for Tuberculosis	<ol style="list-style-type: none"> 1. Active pulmonary tuberculosis or tuberculous pleurisy is failed. 2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered passed. 3. Those who are determined to be “TB suspect” or whose results are diagnosed “pending” diagnosis by the designated hospital in Taiwan must take the report and X-ray films to the referred institution for re-examination; those living in cities/counties without a referred institution, please visit the department of chest medicine at a nearby hospital. 4. People with failed results are allowed to stay for re-examination after receiving treatment, but the duration of stay depends on his/her visitor visa or entry/exit permit.
Stool Examination for Parasites	<ol style="list-style-type: none"> 1. By microscope examination, cases are determined failed if intestinal helminthes eggs or other protozoa such as <i>Entamoeba histolytica</i>, flagellates, ciliates and sporozoans are detected. 2. <i>Blastocystis hominis</i> and Amoeba protozoa such as <i>Entamoeba hartmanni</i>, <i>Entamoeba coli</i>, <i>Endolimax nana</i>, <i>Iodamoeba butschlii</i>, <i>Dientamoeba fragilis</i>, <i>Chilomastix mesnili</i> found through microscope examination are considered passed and no treatment is required. 3. People with failed results can accept treatment, and people with negative re-examination results are considered passed. 4. Pregnant women who have positive result for parasites examination are considered passed and please have medical treatment after the child’s birth.
Serological Test for Syphilis	<ol style="list-style-type: none"> 1. Meeting one of the following criterion are considered failed : <ol style="list-style-type: none"> (1) Without past history of syphilis therapy or with unknown history, the non-treponemal test and the treponemal test are positive. (2) With past history of syphilis therapy, the non-treponemal test titers are 4-fold rising. 2. Serological non-treponemal tests and treponemal tests: <ol style="list-style-type: none"> (1) Non-treponemal tests : RPR or VDRL. (2) Treponemal tests : TPHA, TPPA, TPLA, EIA, CIA, and FTA-abs. 3. Those who had failed serological test for syphilis but have accepted treatment are considered passed
Measles and Rubella Antibody test	<p>It is considered failed if measles or rubella antibody is negative (or equivocal) and no measles and rubella vaccination certificate issued. Those who have contraindications, not suitable for vaccinations, are considered passed.</p>
Examination for Hansen’s Disease	<ol style="list-style-type: none"> 1. Those who are determined to need further examinations by the designated hospital in Taiwan must go to the referred institution for further examinations; those living in cities/counties without a referred institution can visit the department of dermatology at a nearby hospital. 2. People with failed result are allowed to stay for re-examination after receiving treatment, but the duration of stay depends on his/her visitor visa or entry/exit permit.

緊急事件授權同意書

Emergency Authorization Form

因緊急事件需要，本人

In the event of an emergency, I

(擇一勾選 Tick ONE only)

- 同意授權貴校或貴校再授權予相關人員代為簽具醫療、意外、法律等一切緊急事件同意書，本人願承擔一切責任及所有衍生之相關費用。

Authorize Fu Jen Catholic University or its employees or professional emergency personnel to act on my behalf on matters related to medical treatment, emergencies, or legal matters. I hereby take full responsibility and will assume any expenses that may arise.

- 不同意授權貴校代為簽具醫療、意外、法律等一切緊急事件同意書，本人願承擔一切責任及所有衍生之相關費用。

Do not authorize Fu Jen Catholic University to act on my behalf on matters related to medical treatment, emergencies, or legal matters. I hereby take full responsibility and will assume any expenses that may arise.

此致

Addressed to

輔仁大學學校財團法人輔仁大學

Fu Jen Catholic University

立書人 Signature of Student		日期 Date	
家長/法定代理人簽名 Signature of Parent/Legal Guardian		日期 Date	

Learning Agreement for Study Abroad Students

Receiving institution	Fu Jen Catholic University
Name of student	
Sending institution	

INITIAL LEARNING AGREEMENT

Course title	Semester (Fall / Spring)	Credits*

*Courses are defined by credits; 18 hours of class meeting constitutes 1 credit.

Commitment of the Three Parties:

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed learning agreement.

Student		
Student's signature:		Date:

Sending institution		
Responsible person's signature:		Date:

Receiving institution		
Responsible person's signature:		Date: