



NTUNHS

APPLICATION FOR ADMISSION

Only one application can be submitted; multiple applicants will not be processed

International & Cross-Strait Education Center

National Taipei University of Nursing and Health Sciences

No.365, Ming-Te Road, Peitou Dist. 112-19, Taipei, Taiwan (R.O.C.)

BIOGRAPHICAL INFORMATION

Name: _____
last (family) suffix first middle

Do you have or have you gone by any other name? No Yes

Name: _____
last (family) suffix first middle

Home address: _____
number, street, and apartment

city

state or province

postal or zip code

country

Current telephone number: _____ Fax number: _____
country code/area code/ number country code/area code/ number

Is current mailing address identical to home address? No Yes

Current mailing address: _____
number, street, and apartment

city

state or province

postal or zip code

country

E-mail address: _____

Date of birth: _____ Age: _____ Gender: Male Female
month/day/year

Citizenship: _____ City of birth: _____ Country of birth: _____
Country

LEGAL GUARDIAN

Name: _____
last (family) suffix first middle

Date of birth: _____ Age: _____ Gender: Male Female
month/day/year

Citizenship: _____ City of birth: _____ Country of birth: _____
country

※ Attach recent 3 months bust photograph here (about 1"x 2")

Home address: _____
number, street, and apartment

city

state or province

postal or zip code

country

Current telephone number: _____
country code/area code/ number

E-mail address: _____

Occupation: _____ Relation to the applicant: _____

ACADEMIC INFORMATION

Proposed degree: Doctor Master Bachelor

Proposed field of study:

<English-medium Program> **College of Nursing**

- International Nursing Program (PhD, MS)
- International Nurse - Midwifery Master of Science (MS)

College of Human Development and Health

- International Montessori Master Degree Program (MS)

<Chinese-medium Program> **College of Nursing**

- Nursing (PhD, MS, BS)
- Midwifery and Women Health Care (MS, BS)
- Integration of Traditional Chinese Medicine and Western Nursing (MS)
- Health Allied Education and E-learning (MS, BS)
- Gerontological Health Care (BS)

College of Health Technology

- Health Care Management (MS, BS)
- Information Management (MS, BS)
- Leisure Industry and Health Promotion (MS, BS)
- Long-Term Care (MS, BS)
- Speech Language Pathology and Audiology (MS, BS)

College of Human Development and Health

- Infant and Child Care (MS, BS)
- Exercise and Health Science (MS, BS)
- Thanatology and Health Counseling (MS, BS)

Proposed term and year of admission: Fall _____

Year

List all colleges or universities / high schools you have attended or now are attending:

1. _____
institution

_____ city _____ state _____ country

_____ entering date (mm/yy) _____ leaving date (mm/yy) _____ major subject _____ degree _____ date /

2. _____
institution

_____ city _____ state _____ country

_____ entering date (mm/yy) _____ leaving date (mm/yy) _____ major subject _____ degree _____ date /

3. _____
institution

_____ city _____ state _____ country

_____ entering date (mm/yy) _____ leaving date (mm/yy) _____ major subject _____ degree _____ date /

Academic and other employment related to your proposed field of study:

_____ position _____ employer or institution _____ / / dates

_____ nature of work

_____ position _____ employer or institution _____ / / dates

_____ nature of work

_____ position _____ employer or institution _____ / / dates

_____ nature of work

Academic honors, fellowships, scholarships or other awards you have received:

(please list the names, dates, and grantors)

Publications and original work

(please give titles or other publications and of any research, inventions, or other creative work that you have done.)

SCHOLARSHIP

Scholarship applicant (you can only select one option)

- TaiwanICDF Scholarship

- Taiwan Scholarship:
 - Taiwan MOFA Scholarship

 - Taiwan MOE Scholarship

 - Taiwan MOST Scholarship

- NTUNHS Scholarship

- Other scholarship _____

- Self-funded applicant (Financial Statement required)

GRADE POINT AVERAGE

※ Please enter your grade point average (GPA) information. Please figure your average by using either the A-F system or the numerical system (0-100, 0-20 scale, etc.) To compute the GPA on the A-F system, take the total number of credit hours of As and multiply by 4; the number of credit hours of Bs by 3; Cs by 2; Ds by 1; Fs by 0. Add these results to get the total number of Grade points. Now add all of the credit hours of As, Bs, Cs, Ds and Fs. Divide the total number of Grade points by the total number of credit hours. If your school uses a system of plus or minus Grades and assigns a value to the plus or minus Grades, for example A=4, B+=3.33, then you should use that system in computing the GPA. Courses Graded on the Pass/No Pass, or S/U scale should not be figured into the GPA.

A-F GPA (Overall High School): _____
* **

A-F GPA (Overall Undergraduate, if applicable): _____
* **

Numerical GPA (Overall High School): _____
(e.g., 1-5, 1-10, 1-20, 1-100)

Numerical GPA (Overall undergraduate if applicable): _____
(e.g., 1-5, 1-10, 1-20, 1-100)

LANGUAGE PROFICIENCY

Language	Reading	Listening	Speaking	Writing
Chinese	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
English	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
Others	Reading	Listening	Speaking	Writing
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L

※ E: excellent, G: good, F: fair, L: limited

TEST SCORES

English proficiency exam (TOEFL® or IELTS™)

Language tests must have been taken within the last two years. If your test date is older than two years, please schedule to take the exam again.

Native Language: _____ Test Center Country: _____

- TOEFL iBT TOEFL Computer-based Test TOEFL Paper-based Test
 IELTS

Test date: _____

Reading: _____

Listening: _____

Speaking: _____

Writing: _____

Total/ Overall: _____

ESTIMATED EXPENSES

Finances must be secured for a minimum of the years of the program you apply for. Yearly totals must meet or exceed the minimum estimated annual expenses shown below. Please keep in mind that the estimates for living expenses are approximations and that, depending on your lifestyle, these cost may be higher. Transportation to and from Taiwan is not included in these estimates

2018-2019 Estimated Annual Expenses

\$(US dollars)

<i>Breakdown of Costs</i>	<i>Annual</i>
Tuition and Fees	\$3676
Room and Board	\$1453
Book and Supplies(estimated)	\$606
Living Expenses(estimated)	\$3200
Health Insurance	\$410
Total	\$9345

STATEMENT OF UNDERSTANDING

I certify that the information on this application is complete and accurate. I understand the following:

1. that this form is only for applicants who do not have overseas Chinese status and do not hold a Republic of China passport, except for applicants who hold Hong Kong or Macau citizen status. International applicant who held R.O.C. citizenship within the past eight years is not eligible for application. The provision specified in the preceding paragraph “eight years” is from the loss of R.O.C. nationality to the first term beginning on the calendar of NTUNHS.
2. that misrepresentation of application information is sufficient grounds for denial of admission and for cancellation of admission or registration;
3. that submission of fraudulent credentials may also be a criminal offense;
4. that due to a perceived increase in forged transcripts the admissions office will write to the schools of selected students and verify their credentials;
5. that if a student's transcripts are forgeries, the NTUNHS will drop the student from The Graduate/ Undergraduate School and may refer the matter to law enforcement authorities for prosecution;
6. that official Admission/ Rejection letter is sent only by International & Cross-Strait Education Center at NTUNHS;
7. that international students who have already completed in Taiwan the applied degree program or have been expelled from university are not eligible to re-apply for admission. Breaking this rule would result in immediate cancellation of the applicant’s admission or the deprivation of the applicant’s recognized status as NTUNHS registered students.
8. **that provides personal information required in this application form, and I also agree that NTUNHS reserves the right to collect, handle, and use my personal information.**
9. **that awarding TaiwanICDF scholarship does not imply that the student has also been given admission to NTUNHS.**
10. that I am responsible for all my expenses to fulfill my degree requirements.

Signature (Full Name) _____

Date of application _____ (Day/ Month/ Year)

NTUNHSNational Taipei University of Nursing and Health Sciences
No.365, Ming Te Road, Peitou Dist., Taipei, Taiwan**RECOMMENDATION FORM**

*The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. Materials submitted in support of application become the property of the University, and neither originals nor copies will be provided.
(please type or print)*

TO BE COMPLETED
BY THE APPLICANT

LAST/FAMILY NAME

FIRST/GIVEN NAME

MIDDLE/OTHER

DATE OF BIRTH (MM/DD/YYYY)

E-MAIL

PROPOSED PROGRAM

SEMESTER/TERM AND YEAR
FOR WHICH YOU ARE APPLYINGTO BE COMPLETED
BY THE RECOMMENDER

You have been requested to provide a recommendation on behalf of the above named applicant to a graduate program at National Taipei University of Nursing and Health Sciences. Please assist us in evaluating this applicant's potential academic success and general suitability of the proposed graduate program of study.

The International & Cross-Strait Education Center will greatly appreciate your cooperation in providing an evaluation of the applicant's potential as a graduate student.

IMPORTANT - *Please seal the completed form and your letter in an envelope with your signature across the seal portion. You may return the sealed envelope to the applicant or sent it directly to International & Cross-Strait Education Center, National Taipei University of Nursing and Health Sciences, No.365, Ming-Te Road, Peitou Dist., Taipei, Taiwan (R.O.C.).*

NAME OF RECOMMENDER

POSITION

INSTITUTION

E-mail

Phone

HOW LONG HAVE YOU KNOWN THE APPLICANT?

IN WHAT CAPACITY?

1. What makes this candidate especially promising for this specific program when compared to other applicants who may appear equally well-qualified. If for any reason you have substantial reservations about the candidate's potential for success. Please explain. (Attach a separate sheet if necessary.)

2. Please summarize your evaluation by checking your estimate on the following items.

	Lowest 50%	Next Higher 25%	Next Higher 20%	Highest 5%	Truly Exceptional	Unable to Judge
Intellectual and academic ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability and maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership ability and administrative potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esteem in which the applicant is held by peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esteem in which the applicant is held by faculty or other supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate- a. Orally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- b. In writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity (including the ability too see implications and synthesize ideas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment, industry, initiative, and motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall competence and potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

—

SIGNATURE

DATE (MM/DD/YYYY)

Check List

Please fill out the forms below according to the instruction.

Full Name (PRINT): _____ **Phone Number:** _____

E-mail: _____

***A complete application must include the followings; all documents must be arranged in the order according to this 'checklist', and do not put documents in a binder or folder. Please read instruction first before preparing the documents.**

Tick	Items of Documents	Copies
	a、 Application form or a copy of the printed online application form	
	b、 One photocopy of the highest degree certificate/diploma in English (with official translation to Chinese or English if in other languages)	
	c、 A copy of all college-level official transcript in English and stamped by the School (including explanation of grading system)	
	d、 NTUNHS Medical Report	
	e、 2~3 Recommendation Letters	
	f、 Statement of Purpose or Research Goals/ Study Plan in English or in Chinese: Applying for English- or Chinese-medium program	
	g、 Language Proficiency Certificate: Please check specific requirements of each department/graduate institute. (e.g. TOEFL® or IELTS™ for English-medium program; TOCFL for Chinese-medium program)	
	h、 Curriculum Vitae/ Resume and other supporting materials	
	i、 Passport biographical page	
	j、 Financial Statement (for non-scholarship applicant only): Applicants are required to certify they can finance their education and living expenses for studying in Taiwan	
	k、 Writing sample in English (for Ph.D. program applicant; e.g. manuscript, thesis, report, publication)	
	l、 A copy of Taiwan/ TaiwanICDF Scholarship Application form (if applicable)	

- Applicants could send scanned documents in PDF files to International & Cross-Strait Education Center through **admission.ntunhs@gmail.com**
- Application forms and relevant documents must be posted to National Taipei University of Nursing and Health Sciences (NTUNHS) before March 31st. **Late submission will not be accepted.**
- Applicants need to submit official certificate, diploma, and financial statement to R.O.C (Taiwan) Embassy or Representative Office for authentication after being accepted by NTUNHS.

Please TYPE your mailing address in the blank space below so that we can mail the admission result to you.