

臺北醫學大學 Taipei Medical University 學年度 Academic Year: _____

醫學檢驗暨生物技術學系及醫學生物科技博士學位學程研究生獎勵學金申請書暨切結書
 Application Form and Affidavit for Graduate Student Incentive Scholarship of School of Medical Laboratory Science and
 Biotechnology and Ph.D. Program in Medical Biotechnology

學院 College	醫學科技學院 Medical Science and Technology	系所 Department	<input type="checkbox"/> 醫學檢驗暨生物技術學系 School of Medical Laboratory Science and Biotechnology <input type="checkbox"/> 醫學生物科技博士學位學程 Ph.D. Program in Medical Biotechnology
姓名 Name		學號 Student ID	
手機號 Phone #		身分(居留)證 號 National (Resident) ID	
電子信箱 Email			
申請資格(擇一條件申請即可，並對應右側檢附文件) Eligibility (choose one condition to apply and attach supplementary documents in accordance with the list on the right) 依「臺北醫學大學醫學檢驗暨生物技術學系及醫學生物科技博士學位學程研究 生獎勵學金實施要點」第二條之申請條件等規定辦理(詳辦法全文)。 Applicants shall submit applications in accordance with Article 2 of the "Incentive Scholarship Implementation Guidelines for Graduate Student of School of Medical Laboratory Science and Biotechnology and Ph.D. Program in Medical Biotechnology, Taipei Medical University". (Please refer to the full Guidelines for further details).		應繳證明文件 Supporting Documents	
入學本系所學程且未獲中華民國(以下簡稱我國)政府機關(構)提供之獎學 金、我國政府機關(構)以外之其他機構提供之全額獎學金且為： The applicant must be enrolled in the department and has not received a scholarship from a government agency (institution) of the Republic of China (hereinafter referred to as "R.O.C."), or a full scholarship from an institution other than a government agency (institution) of the R.O.C. and is one of the following: 1. 本校醫學檢驗暨生物技術學系本國碩士一般生。 1. A general master's degree student from the School of Medical Laboratory Science and Biotechnology. 2. 本校醫學生物科技博士學位學程博士候選人。 2. Ph.D. Candidates for the Ph.D. Program in Medical Biotechnology		1. 本獎勵學金申請書暨切結書 This Application Form and Affidavit 2. 在學證明(教務系統列印) Proof of enrollment (Printed from the Academic Affairs System)	

切結書 Affidavit

本人同意遵守「臺北醫學大學醫學檢驗暨生物技術學系及醫學生物科技博士學位學程研究生獎勵學金實施要點」之規定摘要條文如下：

I hereby agree to comply with the provisions of the "Incentive Scholarship Implementation Guidelines for Graduate Student of School of Medical Laboratory Science and Biotechnology and Ph.D. Program in Medical Biotechnology, Taipei Medical University" and its Articles as set out below:

第八條：受獎生有下列情事者，本系所學程得停止發放獎勵學金或取消其受獎資格：

Article 8: The Department or the Program may stop granting the incentive scholarship or cancel the granted qualification if any of the following situations happen to the student granted with the scholarship,

(一) 有休學、退學、開除學籍、轉學或轉系所等情事。

(1) Student has taken a temporary leave, quit, been expelled from school, or transferred to another university or department, etc.

(二) 違反校規受記過以上處分或違反本系所學程規範。

(2) Student was disciplined with a demerit or more severe punishment for violating the regulations of the University, the Department or the Program.

(三) 未依本校學生境外研修作業要點申請下出國，「隔月」即停發獎勵學金，直到返國就學為止；但因出國交換或其他原因經本系所學程審查同意則不在此限。

(3) Student has traveled abroad but has not submitted an application in accordance with the Regulations Pertaining to Overseas Studies or Research for the Student of this University, the payment of the incentive scholarship will be suspended from the "following month" after the departure, until the student returns and resumes studying in the University. However, a student who is included in foreign exchange study or has to travel abroad for other reasons reviewed and approved by the Department or the Program is not subject to this provision.

(四) 受獎者經查申請過程若有偽造或不實之情事，撤銷其受獎資格，已領取之獎勵學金應予繳回。

(4) Scholarship recipients will be disqualified from receiving scholarships if there is any counterfeiting or untrue information during the application process, and the student shall pay back the incentive scholarship received.

立切結書人 Applicant: _____ (簽名 Signature) 日期 Date: _____

※ 注意事項 Note :

本表收件日期請以系辦公公告日期為主，逾期將不予受理。

The reception period of this form is as announced by the Department office, late submissions will not be accepted.

以下欄位由承辦單位填寫

The following fields are to be completed by the contractor

	指導教授 Advisor	系所承辦人 Department Administrators	系所主管 Chairperson of the Department
初審意見 Comments of Preliminary Review	<input type="checkbox"/> 符合申請資格 Eligible <input type="checkbox"/> 未符合申請資格 Not Eligible 簽章 Signature or Seal: 日期 Date: _____	簽章 Signature or Seal: 日期 Date: _____	簽章 Signature or Seal: 日期 Date: _____
複審結果 Results of Secondary Review	<input type="checkbox"/> 符合 Eligible <input type="checkbox"/> 未符合 Not Eligible 依據_____學年度第____學期學生輔導委員會決議 Pursuant to the resolution of the Student Advisory Committee		