

收件日期 Date of Reception : 年(y) 月(m) 日(d)

臺北醫學大學 Taipei Medical University 學年度 Academic Year: _____ 學期 Term: _____
 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每月支領表
 Monthly Application Form for Graduate Student Incentive Scholarship of School of Medical
 Laboratory Science and Biotechnology and Ph.D. Program in Medical Biotechnology

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	申請月份 Month of Application	
姓名 Name		學號 Student ID	
手機 Phone #		身分(居留)證號 National (Resident) ID	
電子信箱 Email			

應繳證明文件 Supporting Documents	<input type="checkbox"/> 1.本獎勵學金申請每月申請表 This Monthly Application Form <input type="checkbox"/> 2.在學證明(教務系統列印) Proof of enrollment (Printed from the Academic Affairs System) <input type="checkbox"/> 3.獎勵學金申請收據 Scholarship application receipt
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※ 注意事項 Note :

1. 本表收件日期為每月 1~5 日，逾期繳交將併入次月申請流程 The reception period of this form is from the 1st to the 5th day of each month. Late submissions will be accepted in the application procedure in the following month.
2. 若收件期間逢國定連假，則收件日期順延兩個工作天 If the reception period includes a national holiday, the deadline for the reception will be extended by two working days.
3. 申請者**初次**申請需檢附本人郵局或銀行存摺影本 A copy of **personal** post office or bank passbook must be attached for **first-time** applicants.
4. 【應繳交資料】如需變更帳戶資料，請至出納組變更 Please visit the Cashier's Office if account information in the [Supporting Documents] needs to be amended.

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
<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: _____